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August 17, 2017

Suzanne Fross
Human Services Administration
1305 E. Walnut Street
Des Moines, IA 50319

Re: Children's Well-being Collaboratives-MHDS 18-001

Dear Ms. Fross,

I am pleased to submit to you the proposal of Prevent Child Abuse Iowa as the Lead Agency of the Children's Well-being Collaborative in Jefferson, Van Buren and Wapello counties. Together with this letter is our full proposal in response to MHDS 18-001.

PCA Iowa envisions Iowa as a place where all families are free from abuse and neglect, with children living with safe, stable nurturing families. To that end, we seek to ensure that all families have access to services that serve the mental and physical health and well-being of their children helping them to reach their full potential. Programs providing timely and effective services can prevent adverse effects of mental health before it occurs, creating strong, vibrant communities that benefit all.

PCA Iowa seeks to facilitate collaboration in communities among service providers and families most in need, by targeting families and communities that have the highest indicators of risk. PCA Iowa will support and expand the use of evidence-based practices with communities, working to ensure the most value for the funds available.

PCA Iowa complements local programs by leading advocacy efforts and collaborating with other state and national partners to enhance awareness and educate leaders in the significance of these initiatives.

PCA Iowa has provided continuous leadership of child abuse prevention efforts since 1982. That experience makes us uniquely positioned to continue to enhance programs by focusing on projects and communities that have the most potential for positive change. With the knowledge and systems to implement the deliverables of this RFP, we are confident in our ability to continue to move the program forward.

Thank you for your consideration and the Agency's efforts in bringing together community resources for the betterment of children's mental health and well-being efforts.

Best regards,


Liz Cox
Executive Director

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Attachment A: Release of Information

Elizabeth Cox, hereby authorizes any person or entity, public or private, having any information concerning the Bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The Bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The Bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The Bidder is willing to take that risk. The Bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Prevent Child Abuse Iowa
Printed Name of Bidder Organization

Elizabeth Cox
Signature of Authorized Representative

Aug 3, 2017
Date

Elizabeth Cox
Printed Name

Attachment B: Primary Bidder Detail & Certification Form

Primary Contact Information (individual who can address issues re: this Bid Proposal)	
Name:	Elizabeth Cox
Address:	2704 Fleur Drive, Suite 200, Des Moines IA 50321
Tel:	515.244.2200
Fax:	515.280.7835
E-mail:	LCox@pcaiowa.org

Primary Bidder Detail	
Business Legal Name ("Bidder"):	Prevent Child Abuse Iowa
"Doing Business As" names, assumed names, or other operating names:	N/A
Parent Corporation Name and Address of Headquarters, if any:	N/A
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	501 (c) 3: Non profit
State of Incorporation/organization:	Iowa
Primary Address:	2704 Fleur Drive Suite 200 Des Moines IA 50321
Tel:	515.244.2200
Local Address (if any):	Same
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	N/A
Number of Employees:	4
Number of Years in Business:	43
Primary Focus of Business:	Human Services: Prevention of Child Abuse
Federal Tax ID:	42-1117292
DUNS #:	125890785
Bidder's Accounting Firm:	LWBJ, Des Moines, IA
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	Feb 5, 1979
Do you plan on using subcontractors if awarded this Contract? {If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.}	No
	(YES/NO)

Request for Confidential Treatment (See Section 3.1)		
Location in Bid (Tab/Page)	Statutory Basis for Confidentiality	Description/Explanation

Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	Language to Which Bidder Takes Exception	Explanation and Proposed Replacement Language:	Cost Savings to the Agency if the Proposed Replacement Language is Accepted

PRIMARY BIDDER CERTIFICATIONS

BID PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:

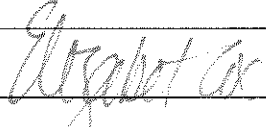
- 1.1 Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal. The Bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;
- 1.2 Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein;
- 1.3 Bidder has received any amendments to this RFP issued by the Agency;
- 1.4 The Bidder does not have any ownership or affiliation with any entity or subcontracting entity currently receiving Program funds (including ICAPP or CBCAP awards). Bidder has reviewed the list of all current funded Program Projects fund in Attachment R;
- 1.5 No cost or pricing information has been included in the Bidder's Technical Proposal; and,
- 1.6 The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.

2. SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:

- 2.1 Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
- 2.2 Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract;
- 2.3 Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP; and,
- 2.4 Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>.

3. EXECUTION.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	
Printed Name/Title:	Elizabeth Cox / Executive Director
Date:	Aug 15, 2017

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1.3.1.1 Establish Interagency Coordination and Collaborative Efforts.

The Contractor shall develop the Well-being Collaborative. The Well-Being Collaborative shall be responsible for developing interagency coordination and collaboration for the provision of Prevention and Early Intervention Services within the Geographically Defined Area. The Contractor's obligations in this regard include, but are not necessarily limited to, the following. The Contractor shall:

- a. Recruit and retain the Well-being Collaborative membership with a focus on achieving the goals and outcomes of the Well-being Collaborative and supporting all members in the Well-being Collaborative.*

PCA Iowa has a history of establishing collaborative working relationships in both urban and rural communities within many sectors including business, education, faith, law enforcement, health, and intervention and prevention providers. Additionally, PCA Iowa has strong relationships among professional associations, state agencies, federal funding partners, and local foundations.

For more than 30 years, PCA Iowa has supported a state-wide network of more than 70 community-based Iowa Child Abuse Prevention Councils (ICAPP) and Community Partnership for Protecting Children (CPPC) groups. PCA Iowa has also been a point of contact for groups with identified goals to begin a new child abuse prevention council or strengthen existing programs.

PCA Iowa has also been the lead agency on a number of collaborative projects involving a broad network of stakeholders including the development of the Connections Matter initiative. Additionally, PCA Iowa has led the Iowa advocacy effort for federal re-authorization of Maternal and Infant Early Childhood Home Visiting funding, and local advocacy for inclusion of trauma informed prevention and care practices in the Iowa Department of Public Health's five-year strategic plan. PCA Iowa understands the dynamics of project management and has been successful in bringing diverse membership teams together, building synergy, and driving success centered by a common mission.

An initial leadership team for the Children's Mental Health and Well-Being Collaborative has already been identified by PCA Iowa (Listed in Tab 4B). PCA Iowa has identified additional proposed members (listed in in section b below) and has continued to receive input from community stakeholders interested in serving on the collaborative.

As recommended by the Children's Mental Health Study report you will find that the secured and proposed collaborative members have (1) experience and a strong understanding of how best to engage children and families to achieve positive mental health and wellbeing outcomes (2) an ability to provide or administer the delivery of prevention services for improved mental health and wellbeing (3) experience and effectiveness in coordinating the efforts of multiple stakeholders working toward a common goal for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes. PCA Iowa will lead the group through an initial asset mapping discussion to identify gaps in creating a diverse leadership team of partners from the health, business, education, faith, intervention and prevention provider, and other sectors. PCA Iowa will work efficiently with community members to include additional community stakeholders within the first two weeks of the initiative.

PCA Iowa will guide the participant collaborative members through activities that build trust and transparency, two essential components of high performing teams. Attention to this first step will lead to quicker and more creative outcomes for the team and stronger implementation of children's mental health and well-being in the geographically assigned area. PCA Iowa will also remain mindful of retention of the core group. This will include making meaningful contact with participants, ensuring that all voices are heard, and facilitating critical

conversations in a way that leads to outcomes rather than dissention. Liz Cox, Executive Director, of PCA Iowa has been trained in facilitation of mediation and will be available if this becomes a need within the collaborative.

PCA Iowa will facilitate the development of a shared vision statement and tactics to achieve short and long term goals for the initiative, prioritizing sustainability beyond the terms of this grant funded support. "Quick wins" will be included in the planning process to build momentum for the initiative and strengthen ongoing support from members of the collaborative.

- a. *Build and maintain intentional collaboration among all Well-being Collaborative entities with the goal of providing measurable improvements in outcomes for children and families. Potential short-term and long-term mental health and wellbeing goals and outcomes are listed on page 5-6 of the Children's Mental Health Study Report.*

PCA Iowa has identified community partners, in addition to the Integrated Health Home and children's' mental health provider listed in Tab 4B and input from the Children's Mental Health Crisis Services and Children's Well-being Learning Lab grantees, who can provide valuable input to the collaborative to achieve the goals listed on page 5 – 6 of the Children's Mental Health Study Report. PCA Iowa has experience working collaboratively with these groups in special projects and ongoing initiatives that have produced measurable outcomes for children and families.

Goal: Improving domains such as basic needs, education and workforce, family supports, and community engagement;

- Business Community - Society for Human Resources Management (SHRM), Chambers of Commerce, Iowa Association of Business and Industry (ABI)

The business community is a stakeholder in community engagement.

PCA Iowa has been a partner with the Central Iowa SHRM as well as the Iowa Association of Business and Industry, and the Greater Des Moines Partnership who supports a broad network of Chambers of Commerce. Our work around Connections Matter and the Iowa Adverse Childhood Experiences study has been well received by these business associations. Each entity has identified the need to support mental health in the workforce and are collectively interested in further meaningful work together centered on prevention and early intervention.

PCA Iowa is working with the Central Iowa SHRM to develop resilience, social supports, and mental health messaging specific for the workplace. The Society for Human Resources Management (SHRM) is a professional organization supporting HR managers with training and technical assistance for continued development of excellence in Human Resource. SHRM has active chapters within the Defined Geographical Area.

The Iowa Association of Business and Industry is a statewide association supporting more than 1,500 member companies who employ 330,000 Iowans working in both rural and urban areas. ABI's mission is to nurture favorable business, economical, government and social climate within the state of Iowa so our citizens can have the opportunity to enjoy the highest possible quality of life.

PCA Iowa will invite business and chamber of commerce partners to be meaningful partners in the collaborative within the Geographically Defined Area to improve access to family supports and build community engagement through dissemination of awareness materials, training of HR professionals, de-stigmatization of mental health, and investment in prevention programs through corporate partnerships and project funding.

- Community Partnerships for Protecting Children (CPPC) sites
- County Decategorization

- County Health Department

PCA Iowa has supported community development and collaboration with measurable outcomes for children and families through a number of projects. These projects detailed short and long-term goals that supported community well-being and social supports for individuals and families. Results of these projects have been published online and disseminated in local, state and national conferences.

The Fatherhood Initiative in 2014 was completed in partnership with the IDHS with the use of federal Community Based Child Abuse Prevention (CBCAP) dollars and partnerships with local CPPCs. This project specifically served a unique population identified as a CBCAP priority and required short term and long term measurements focused on improved well-being for children through engagement of fathers. PCA Iowa worked with the Iowa Department of Human Services to develop and execute the application process. PCA Iowa worked in partnership with the National Fatherhood Initiative staff, guiding the community through a process of training key community members, assessing community needs through focus groups and public data, engaging local leaders, and creating an actionable plan to make a difference in the community. This plan created in late 2014 included both short and long term goals and has largely been successful. The Ottumwa community continues to see positive change. A project short term goal included an awareness campaign focused on engaging local media. This was accomplished with a radio station providing time each month for a fatherhood segment, which continues today. Other short term goals in the plan included father friendly events which continue to be annual events. An intermediate goal provided for hospitals to distribute "daddy packs" along with kits for mothers at the birth of a baby. Long term, the group has continued to work with agencies to ensure that housing for fathers battling substance abuse are available.

A second project, the Community Based Prevention Response (CBPR) was developed in response to the Adverse Childhood Experiences study (ACEs). PCA Iowa staff collaborated with CPPCs in completing an assessment to determine the identified community's readiness for change using a comprehensive readiness assessment model, The Tri-Ethnic Center Community readiness model developed by Colorado State University¹.

PCA Iowa staff tabulated and presented results of the readiness assessment to the communities' core teams, and provided technical assistance in the development of a plan to improve well-being and improve outcomes for children. Each plan was specific to individual community readiness results and community needs and included short term and long term goals. Many of the projects identified community awareness as a key factor in cultivating a prevention response to ACEs.

The result of the CBPR program was a strong community awareness of the impact of childhood trauma on physical, mental, and economic well-being. Additionally, two on-going communication vehicles resulted from these community plans include community blogs: "Parents Like Us"² and "Now What?"³ These blogs focus on normalizing parenting stress, encouraging parents to reach out for help and support, and promoting positive parenting practices. The progress and evaluation report is listed at the end of this proposal submitted as Attachment A beginning on page 66.

A third project, Connections Matter®, is the result of collaborative work among a cross section of community stakeholders including partners from DECAT, United Way, County Health Departments, local agencies serving

¹Triethnic Center Community Readiness Handbook, 2nd Edition. (2014). Triethnic Center for Prevention Research Sage Hall, Colorado State University, Fort Collins, CO80523-1879 (970) 491-7902/Fax (970) 491-0527. Retrieved from: http://triethniccenter.colostate.edu/communityReadiness_home.htm

²Additional information can be found at: www.parentslikeus.com

³ Additional information can be found at: <http://www.childabuseqc.org/now-what-blog>

children and others. Connections Matter® is a research-driven strength-based community engagement and awareness project designed to foster meaningful social supports and develop resiliency among children, families, and communities.

The initial framework of the project included short and long term goals designed to broadly reach the community through awareness campaigns, while also moving deeper into specific segments of the community through pilot projects.

Immediate tactics included the training of a broad cross section of community members to carry the message to their workplaces, churches, neighborhoods, and schools. PCA Iowa's leadership in this collaborative project has led to the training of more than 270 teachers, and more than 400 health care providers, faith leaders, prevention council members, business leaders, and community members in the first 18 months of the project. Through the work of the collaborative groups, initial implementation strategies have been adjusted as more resources have become available.

PCA Iowa researched implementation models for long-term project success and is using the Robert Wood Johnson Self-Healing Communities⁴ research from Washington State to inform implementation of Connections Matter®.

Goal: Increased school attendance and decreased suspensions and expulsions from school;

Goal: Decreased use of restraint and seclusion in schools; Implementing behavior intervention plans to fidelity resulting in decreased behavior problems in school;

Goal: Reducing the number of students with behavior issues related to mental health that are referred to juvenile justice

- Area Education Agencies (AEA), Department of Education (IDoE)

PCA Iowa has a strong partnership with the education sector and has developed a collaborative relationship with the Iowa Area Education Agencies (AEAs) Chiefs and staff to expand capacity in education for trauma sensitive practices and improved well-being of students. AEA is the lead agency providing technical support and training for special education services to school districts, teacher training, and program implementation. AEA has recognized the growing need of universal prevention focused supports for students to improve learning outcomes and reduce office referrals. PCA Iowa has been a primary partner with the AEA network since October, 2016, providing education and training on Iowa's Adverse Childhood Experiences research and strength-based response to improve social supports and develop resilience. Of note, PCA Iowa has worked with Central Rivers AEA to develop a strategic plan in an AEA pilot initiative that has resulted in a multi-tiered system of support model for mental health. This strategic plan will be adapted (based on pilot feedback) and disseminated among other AEA regions in the 2017 – 2018 school year. Initial analysis using this model in the Central Rivers AEA has already impacted evaluation of IEP or 504 plans. AEA recognizes that stronger universal support (prevention practices) address student needs earlier, and thereby reducing the need to consider more intensive behavior interventions later.

PCA Iowa leadership has been a member of the Iowa Department of Education Learning Supports Advisory Team as well as the IDoE Social Emotional Behavioral leadership team, supporting recommendations for Social

⁴Porter, L., Marin, K., Anda, R. (2016) *Self Healing Communities: A Transformational Process Model for Improving Intergenerational Health*. Robert Wood Johnson Foundation.

Emotional Learning and the development and implementation of trauma sensitive practices in Iowa Core and state Every Student Succeeds Act (ESSA) benchmarks.

PCA Iowa has secured commitment from the AEA to provide dedicated staff as a core member of the collaborative within the geographically defined area. Additionally, AEA has offered meeting space to support the initiative. PCA Iowa can facilitate other education sector leaders from the IDoE or local school district as determined by the group.

- Shared Visions, Early Access, Early Head Start or other educational programs for children and families identified at-risk – Iowa Department of Education (IDOE)

The Shared Visions Preschool programs provide quality child development programs for high-risk children in 37 Iowa counties. The preschool programs serve children ages three to five and are accredited by the National Association for the Education of Young Children. PCA Iowa will work with the Department of Education to facilitate conversation as it relates to Children's Mental Health and Well-being efforts in the education system.

Goal: Improved community prevention and early intervention services and resources.

- Mercy Health Network (MHN)

MHN CEO, Bob Ritz, is focused on improving access to mental health services in rural areas through tele-medicine. Additionally, MHN has been a stakeholder in the collaborative work of Central Iowa ACES 360 and the expansion of trauma informed prevention and care practices in the pediatric medical community. Their support in the collaborative pediatric project has resulted in the development of training tools and professional development improvements that will be disseminated throughout the Iowa medical community.

- Disability Rights Iowa

Data shows that children with disabilities are 6 – 8 times more likely to suffer abuse, and less likely to have their suffering reported or prosecuted. PCA Iowa recognized that leadership from the Disability Rights Iowa on the collaborative will expand conversation on prevention and access to mental health services and improve outcomes for all Iowans.

- MIECHV (Maternal Infant Early Childhood Home Visitation) Program – Iowa Department of Public Health (IDPH)

PCA Iowa shares common goals with MIECHV, including early mental health screening, family centered prevention, and culturally and linguistically competent practices. The MIECHV program serves young mothers (beginning in their second trimester) and their children (until the child turns 2 years old), using evidence-based home visiting curriculum. The program screens mothers for mental health concerns, improves parenting skills, connects families to community resources, and helps parents improve their education (achieving HS diplomas, GED, or other accreditation) that leads to better jobs. MIECHV is a voluntary program offered in 13 Iowa counties.

PCA Iowa has led successful collaboration with state leaders and national partners supporting the re-authorization of federal MIECHV funding. PCA Iowa led the development of a strategic advocacy campaign that included input from multiple Iowa prevention and care organizations including Visiting Nurse Services, Lutheran Service in Iowa, Iowa Nursing Association, Genesis Health, and others. The process included identifying shared values and transparency among all partners. Communication has been a priority of the project; especially as new information

came forward. The strength of these foundational elements facilitated efficient problem solving tactics and expanded the network of supporters.

PCA Iowa also worked collaboratively with department leaders at Iowa Department of Public Health and national agencies in this effort, regularly reporting progress and vetting innovative tactics developed by the Iowa MIECHV advocacy team. National partners included Healthy Families America, Parents as Teachers, Nurse Family Partnerships, Prevent Child Abuse America, and Early Head Start. The Iowa MIECHV model, communication materials, and marketing tool kits have been replicated by other states across the nation. PCA Iowa has been recognized as an effective and collaborative leader in this work by Congressional staff and national advocacy organizations. (See infographic next page for an example of messaging developed by PCA Iowa related to this effort.)

PCA Iowa will seek inclusion of the home visiting providers in the collaborative team.

- 1st Five - Iowa Department of Public Health

PCA Iowa has provided training to 1st Five staff in the Adverse Childhood Experiences Iowa study as well as Connections Matter, two key awareness efforts designed to increase trauma informed practices in Iowa. PCA Iowa has also been an advocacy partner for successful continued funding and further expansion of 1st Five programs in Iowa. 1st Five supports social-emotional development for young children by connecting families with children at risk for developmental delays with local resources, employing a "whole child, whole family" philosophy. PCA Iowa will include Iowa 1st Five partners in the collaborative.

- Early Childhood Iowa (ECI), Family Support Programs – Department of Management (DOM)

Founded on the premise that communities and state government can work together to improve the well-being of our youngest children, the initiative is an alliance of stakeholders in Early Care, Health, and Education system that affect children prenatal to five years of age in the state of Iowa. Early Childhood Iowa's (ECI) efforts unite agencies, organizations and community partners to speak with a shared voice to support, strengthen and meet the needs of all young children and families.

PCA Iowa is a partner with ECI, providing leadership to the ECI Results Accountability Group which plays an active role in strategic planning for ECI and reviewing indicators used by this program. In addition to statewide efforts, PCA Iowa intersects with local ECI Directors who often serve on Prevent Child Abuse Councils and Community Partnerships for Protecting Children (CPPC) groups. This collaborative approach facilitates discussion of improved practices that better align programs at the local level.

ECI is also developing an asset map for early childhood programs that can be of assistance to the collaborative. PCA Iowa will include ECI leaders serving in the Geographically Designated Area in the collaborative.

PCA Iowa will provide resources and best practices to collaborative members for review, discussion and implementation as deemed appropriate. The end product will encompass not only short-term and long-term goals but also (1) strategies for achieving that vision, (2) a plan for implementation, and (3) a budget/financial model.

b. Hold the first in-person meeting with Well-being Collaborative members no later than 11/17/2017.

PCA Iowa has held conversations with each collaborative member having signed an MOU and made them aware of the timelines for this project. Having strong relationships with Iowa Child Abuse Prevention Councils, educators, and hospital networks and other community groups will allow for logistics to be easily arranged. Contact lists for the identified collaborative area will easily be constructed and will allow for dissemination of these meeting details. Scheduling is expected to be completed within 1-2 days of contract execution (October 11th), with the first meeting anticipated to take place by November 10th.

- c. Provide the Agency a copy of the meeting minutes from the first in-person meeting with Well-being Collaborative members by 12/1/2017.*

Meeting minutes will be taken by Wood and available for review electronically to the collaborative within one week of the meeting. These notes will be provided to the Agency at this time and the Agency will be made aware of any changes or updates made by collaborative members.

- d. Select and implement evidence-based or promising prevention and early intervention models.*

PCA Iowa recognizes the importance of utilizing evidence based interventions that are based in behavioral science theory. PCA Iowa is aware of, and currently supports, several community based agencies utilizing evidence-based models for both prevention and intervention efforts (ie. Home visiting services). PCA Iowa will advise the collaboration to ensure that these interventions are based in one or a combination of some of the above-mentioned theories in section (b). Section (b) does not cover all the behavioral science theories that exist, however shows examples of some of the most widely used theories. As the collaborative engages in the work of knowing the core resources in their community, identifying the inter-relationship of these services, identifying trends and developing plans to address the shared priorities, they will have this cadre of research and models to choose from and guide their work.

- e. Understand funding sources and how to use available funding most effectively.*

PCA Iowa is aware of funding challenges from state and federal sources. PCA Iowa has worked with ICAPP and CBCAP grantees to understand the sources and purposes of these funding sources as well as assisted in the identification and securing funding from other sources. Through the work of the current ICAPP contract PCA Iowa has been contracted to complete a community inventory/assessment of prevention programming and funding in the state of Iowa. While this data will not answer all of the questions that need to be asked it will be a piece of the puzzle and will be available to the local community before the first meeting date. This work is scheduled to be completed in October of 2017.

PCA Iowa will research and provide to the collaborative funding sources, the overarching program purposes, goals or objectives and how well they align with the goals of this project as well and an overview of any overlap that may be happening with other services within the identified community. PCA Iowa will also ensure the collaborative remains aware of funding concerns, mandates and changes that impact service delivery.

- f. Adopt or develop, implement and analyze a community needs assessment.*

PCA Iowa has researched the County Health Needs Assessments and Health Improvement Plans that provide key community information on the mental health needs of the community. Additionally, PCA Iowa has reviewed the Iowa Department of Public Health strategic plan, Healthy Iowans, which also includes short term and longer term (five years) goals and actions centered on well-being, prevention, and mental health supports.

PCA Iowa will make these and other resources available including assessments from Maternal Infant and Early Child Home Visiting Groups, readiness assessments completed through the above-mentioned Community-Based Child Abuse Prevention Response project, Kids Count data, Iowa Youth Survey data, and data provided through the National Alliance for Mental Health. Additional avenues to collect data include PCA Iowa's prevention network partners in each area and the Disability Rights Council has agreed to disseminate and collect information through their distribution list of over 8,000 contacts.

As indicated above, through the current ICAPP contract, a needs inventory/assessment of prevention programming across the state will be completed in October of 2017 and will also be available to feed this work. PCA Iowa is also collecting input from homeless youth, homeless families, and adult victims of child abuse. It is anticipated that this would be available by early November.

Review of existing community needs assessments will identify gaps and redundancies in mental health supports and prevention practices, reducing duplicative efforts by this work group and allowing the collaborative to determine accessibility to services in their areas as well as investigate the quality (effective, family-centered and culturally responsive) and quantity of these services for their communities. PCA Iowa will guide review of this work, noting differential needs for rural and urban centers.

g. Develop, implement, and analyze a community work plan based on the results of the community needs assessment.

With analysis of the community needs assessment and review of available models, the collaborative will be able to, with technical assistance from PCA Iowa, create a community workplan. Part of this work plan will address the need for the community at large to be made aware of the issue at hand and the role that they play as part of the solution. This will include the creation and distribution of public awareness materials. This plan will identify short and long-term goals, support adjustments to the plan as needs change, identify persons responsible for specific actions, anticipated outcomes, and measurable benchmarks. PCA Iowa will present the workplan to the Agency with the community collaborative, and support the collaborative with other expertise that may improve the workplan.

h. Adopt or develop and implement a uniform family assessment.

Families are currently assessed in a great variety of ways and from multiple sources. PCA Iowa, through the awarded ICAPP contract, has been working to move the prevention data system from iowafamilysurvey.org to the DAISEY system for this same reason of continuity and ease of use for communities. This process has made PCA Iowa staff aware of the challenges that may be presented in choosing a uniform family assessment. This will also allow PCA Iowa to guide the collaborative through processes and provide direction in making a collective decision around the uniform family assessment and steps/resources to put it into place. Additional technical assistance will be provided in working with the appropriate state agency(ies) that will need access to the data and what might be required to submit this information.

PCA Iowa will guide the collaborative to take into account these efforts and how they may intersect with the work that is being done by this group.

In addition to the selection of a uniform family assessment tool, the group will need to be conscious of buy-in from the end users. PCA Iowa will guide the collaborative in reviewing the tool validity and ease of use. If choosing to develop the family assessment tool, PCA Iowa will identify steps to test validity and pilot the tool prior to dissemination.

i. Use research, data, and data analysis to guide the Well-being Collaborative's work.

PCA Iowa utilizes research, data, and analysis as a tool for all programs and practices within the organization. These components have driven the ICAPP, CBCAP and Connections Matter® work and increased in importance in the past three years. PCA Iowa communicates this work with stakeholders through a variety of avenues including partnerships with data analysts to conducted webinars to review research information with project stakeholders.

These processes will be similar for the work with the collaborative. Collaborative members have been identified given their knowledge of the subject area as well as their knowledge of their community. PCA Iowa will work with the needs of the group to determine how to best present the knowledge, research, and data to guide careful analysis. PCA Iowa will remain responsive to the collaborative when requested to provide additional research or clarification to further the work being done.

- j. Collaborate with and incorporate the work of the Children's Mental Health Crisis and Learning Lab grantees to maximize lessons learned from those efforts*

PCA Iowa is committed to the process of community collaboration. This has been evidenced through community work with ICAPP and CBCAP, CBPR, and Connections Matter® as noted above. Having read the Children's Mental Health Crisis Services and Children's Well-being Learning Labs Report published in January 15, 2017 there are some great lessons and observations to be considered. The collaborative will benefit from access to this report as well as presentations from Seasons and YSS as part of the learning and exploration process. When possible, it may be requested that members of these Learning Labs provide feedback on efforts and feasibility.

- k. Submit a draft work plan to the Agency for review within 15 days after the Contract execution date. The work plan shall identify the steps to be taken and include a timeline with target dates. A final work plan, incorporating any changes requested by the Agency, shall be submitted to the Agency within 30 days after the submission of the draft work plan.*

PCA Iowa looks forward to creating a work plan around this project. A sample workplan from other contracted work with the Agency has been included as attachment B.

1.3.1.2 Technical Assistance.

The Contractor shall provide technical assistance to facilitate Children's Prevention and Early Intervention Services in the Geographically Defined Area. The Contractor's obligations in this regard include, but are not necessarily limited to, the following. The Contractor shall:

- a. Provide technical assistance to a diverse array of stakeholders.*

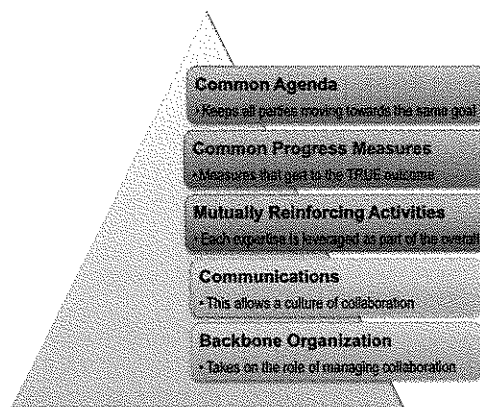
Having administered the ICAPP program since 1982 and CBCAP program since 2008 various approaches to technical assistance have been taken with a wide variety of stakeholders. Through the ICAPP and CBCAP network, rural and urban communities are served, including some of the most at risk families, including single parent households, families experiencing domestic violence and substance abuse, minority populations and others. PCA Iowa staff strive to research and find a way to assist any group with resources that they will find culturally and linguistically appropriate and useful.

PCA Iowa provides technical assistance to a network of rural and urban centered prevention providers and agencies to develop awareness and marketing tools, develop expertise in evidence-based programming, identify local funding partners, facilitate community development, and collaborate on special projects. Support has also included culturally diverse recruitment strategies, support for onboarding new members, and utilizing committees

to leverage skillsets that expedite successful outcomes. Detailed notes are kept of these efforts to be provided to the Iowa Department of Human Services as requested, and would be done so with this project.

In order to be successful with the proposed Children's Mental Health and Well-being Collaborative project, PCA Iowa will utilize a collective impact approach. Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. The Collective Impact approach is premised on the belief that no single policy, government department, organization or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to abandon their own agenda in favor of a common agenda, shared measurement and alignment of effort. Unlike collaboration or partnership, Collective Impact initiatives have centralized infrastructure – known as a backbone organization – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert (image courtesy of [Centre for Community Child Health](#) (2013)). John Kania & Mark Kramer ⁵first wrote about collective impact in the [Stanford Social Innovation Review](#) in 2011 and identified five key elements:

1. All participants have a **common agenda** for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
2. Collecting data and **measuring results consistently** across all the participants ensures shared measurement for alignment and accountability.
3. A plan of action that outlines and coordinates **mutually reinforcing activities** for each participant.
4. Open and **continuous communication** is needed across the many players to build trust, assure mutual objectives, and create common motivation.



⁵Kania, J. & Kramer, M. (2011) *Collective Impact*. Stanford Social Innovation Review 9(1), 36-41.

5. A **backbone organization(s)** with staff and specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.

To facilitate this collective impact work as describe above, PCA Iowa has dedicated a staff member to ensure open and continuous communication among all parties. PCA Iowa will serve as the backbone organization, lending expertise in the development of marketing materials, access to resources, and collecting data.

PCA Iowa will work in partnership with all members of the collaborative to guide current and near-future activities but also create a document which can be thoughtfully adapted to meet new challenges of an individual geographical area and opportunities over the upcoming years.

Research tells us that achieving efficient, effective and sustainable improvements for families most often requires a two-system approach (Kania and Kramer 2011).

The first part is systems accountability – creating and/or developing working collaborations across community to achieve general population outcomes. The second part is performance accountability, therefore expanding and enhancing the work of organizations within communities to achieve program and target population level outcomes. To inform this work PCA Iowa has investigated comparable plans in many states and foundations and sees those of the California Department of Social Services (CDSS) and the Robert Wood Johnson Foundation as exemplary. Their development encompasses an interactive process of asset identification of the type discussed above; data collection on needs; and a community engagement process to identify goals and strategies.

PCA Iowa recognizes that interventions that are evidence based are more valuable than those that are not and evidence shows that health-promotion interventions that are based on social and behavioral science theories are more effective than those lacking in a theoretical base and that some strategies that combine multiple theories and concepts have larger effects. (Glanz, Bishop 2010)⁶. Some examples of these theoretical models that are most widely used are: Health Belief Model (HBM), Transtheoretical Model/Stages of Change (TTM), Social Cognitive Theory (SCT), Social Cognitive Theory (SCT), and the Social Ecological Model.

The HBM was one of the first behavior theories and continues to be one of the most widely used. This model theorizes people's beliefs about whether they are at risk for a disease or health problem, and their perceptions of the benefits of taking action to avoid it, and influence their readiness to take action. TTM emphasizes that long-term changes in health behavior involve multiple actions and adaptations over time. The construct of stage of change is a key element of the TTM of behavior change and the proposes that people are at different stages of readiness to adopt healthful behaviors (Glanz, Bishop 2010). Social Cognitive Theory (SCT) has a basic premise that people learn not only through their own experiences, but also by observing the actions of others and the results of the actions. Finally, the Social Ecological Model typically emphasizes that multiple levels of influence (such as individual, interpersonal, organizational, community, and public policy) and the idea that behaviors both shape and are shaped by the social environment. A driving concept of the Social Ecological Model suggests that creating an environment conducive to change is important to facilitate adoption of health behaviors (Glanz, Bishop 2010).

⁶Glanz, Karen and Bishop, Donald. (2010). The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health*. 31 399-418. Retrieved from annualreviews.org on 6/23/17.

PCA Iowa will provide these resources and best practices to collaborative members for review, discussion and implementation as deemed appropriate. The end product will encompass not only short-term and long-term goals but also (1) strategies for achieving that vision, (2) a plan for implementation, and (3) a budget/financial model.

- b. Develop and submit public awareness materials, which include information on reducing the stigma of mental illness, to the Agency for review and approval by the due date established in the final work plan.*

PCA Iowa conducted focus group discussions among key stakeholders in health, education, business, and community leaders to understand consumer needs and preferences on the Connections Matter® message.

The Connections Matter® materials were modified to meet the cultural and linguistic needs of sectors of the community. PCA Iowa collaborated with key stakeholders to adapt the Connections Matter® materials specific for the Burmese community, the Latina community, and for the education and business sectors.

The information learned was shared with a marketing team from the Des Moines American Advertising Federation. The dynamic team developed awareness and engagement oriented marketing materials in Spanish and English. PCA Iowa partners helped secure PSA's on TV, radio, billboards, and print. Additional assets were developed for bus ads, social media, and special events. The resources were disseminated across the Connections Matter® partnerships and expanded network of Child Abuse Prevention Councils and community partners. Advertising reach and results are being measured and reported.

PCA Iowa anticipates a similar process for the creation of public awareness materials to reduce the stigma of mental illness. Focus group representation will be facilitated by collaborative members if needed and all information gathered will be shared. PCA Iowa will utilize Alli Moerman, Marketing and Development manager, for the creation of these materials. Alli has experience leading public awareness campaigns and creating strategic messaging around various health related issues including preventative care, diabetes, and maternal health. These items will be available to the Agency for approval by the due date established in the final work plan.

- c. Distribute to the public the Agency-approved public awareness materials.*

PCA Iowa routinely leads the development and dissemination of public awareness materials. Each year PCA Iowa provides a suite of messaging frameworks and tools supporting April's Child Abuse Prevention Month activities. PCA Iowa hosts interactive webinars for network partners, gathering input on local community needs that frame message and toolkit development. These messaging materials and comprehensive tool kits are provided at no charge and are accessible through the PCA Iowa website.

PCA Iowa has expertise in bringing key messages of prevention and well-being to large audiences. For example, the Connections Matter® initiative was featured at the Iowa State Fair on Friday, August 12, 2016 with a presentation for 100 county fair queens and many families in the morning, and about 500 children and caregivers at the Hy-Vee Fun Forest Stage throughout the day. The booth received about 1,000 impressions and the event was featured on Sinclair Broadcasting stations. PCA Iowa will work with community collaborative partners to identify large community events and develop appropriate interaction/booth materials and messaging that supports the goals of the community collaborative.

PCA Iowa's work to increase broad awareness of Connections Matter® has included collateral materials developed in partnership with Dr. Linda Chamberlain, author of the Connections Matter® curriculum. A supplemental booklet was released in fall 2016 on the Connections Matter® website and distributed in printed form to more than 3,000 Iowans through collaborative partnerships. In addition, PCA Iowa has developed a social media tool kit, materials for businesses, and an outreach booth kit for trained presenters to use. PCA Iowa will work with local community collaborative partners to design appropriate social media and printed collateral materials.

PCA Iowa will work with the community collaborative to create "sticky messages" and build public awareness focused on destigmatizing mental health and improving awareness of resources, prevention, and early intervention.

Materials will be developed for specific sectors in both rural and urban communities and will include a communications plan and best-practice support on dissemination. Work on the materials will begin following the first meeting of the Collaborative and will be informed by input from the group.

The messaging will be informed by research conducted by Corrigan and Penn⁷, which identifies three categories of strategies for stigma reduction: Protest, Education, and Contact. Protest is a strategy referring to a moral appeal to change the way a person thinks or behaves in stigmatizing ways. Education is the strategy that attempts to supplant inaccurate stereotypes with new information. Contact refers to direct contact with people with mental illness to change attitudes and perceptions that lead to stigmatization.

Research shows best results are obtained by combining strategies. The development of materials will seek to include a combination of all strategies, as well as best practices of social marketing.

Additionally, PCA Iowa will utilize resources available by the National Alliance on Mental Illness (NAMI). The development of materials will be led by Alli Moerman, PCA Iowa Marketing and Development manager. Materials will include, but not be limited to, social media, posters/fliers, and PSAs that will run in print, radio, and television. In addition, PCA Iowa will create materials that provide information about the location and availability of local services using welcoming and non-stigmatizing messaging.

⁷ Corrigan, P.W. & Penn, D.L. (1999). *Lessons from social psychology on discrediting psychiatric stigma*. American Psychologist, 54, 765-776.

HOW WE PREVENT CHILD ABUSE IN IOWA

Creating happy, safe childhoods for all kids leads to a better future for Iowa



700+

connections form every second in a young child's brain

Nurturing environments build positive brain connections

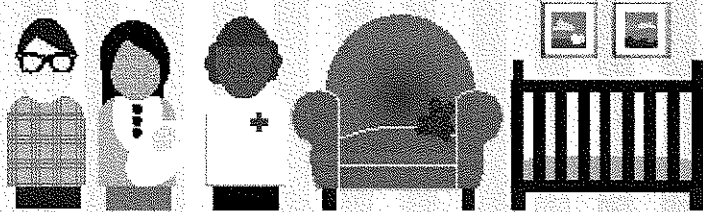


ALL families need to



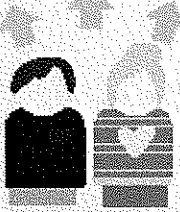
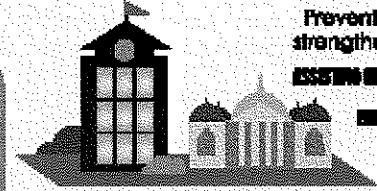
Communities strengthen families with

- ☒ CAREER ENRICHMENT
- ☒ PARENT SUPPORT SERVICES
- ☒ WORKPLACES FOR KIDS



Prevent Child Abuse Iowa strengthens communities by ASSISTING GROUPS THAT SUPPORT FAMILIES

CHILD ABUSE PREVENTION
ADVOCATING FOR KIDS



As a result, 50,000 children benefit from services that prevent child abuse each year.

BUT WE CAN'T DO IT ALONE



For every \$50 spent to treat child abuse in Iowa, only \$1 is spent to prevent it



Many families still desperately need support



Child abuse leads to costly lifelong health and social problems

WHAT YOU CAN DO

CONNECT → DONATE → ADVOCATE

www.pca-iowa.org/get-involved

Infographic (previous page) details the work of prevention in Iowa. The infographic was animated to a short video and broken into key topics for social media engagement tools.

**Thank you,
Senator Grassley,**

**for preserving MIECHV
for Iowa families!**

Because of your hard work...

- At-risk families will benefit from MIECHV
- 92% of children served will be up-to-date on their well-child exams
- More children will grow up in safe and healthy homes

Home Visiting Works!

Advocacy project supporting MIECHV federal reauthorization

MIECHV Advocacy Campaign (June 1, 2017 – August 1, 2017)

- MIECHV messages reached 1,479 people on Facebook
- MIECHV messages reached 2,695 people on Twitter
- Information regarding MIECHV was emailed to 1500+ people, with 460 people opening the emails
- 1000 postcards distributed to partners to advocate for MIECHV reauthorization

Below: Samples of communication materials developed for Connections Matter ®

Connections Matter® Project (Fall 2016-Summer 2017)

- Connections Matter® messages reached 6,600 people on Facebook
- Connections Matter® messages reached 3,794 people on Twitter
- Training regarding Connections Matter® presented to 90 people
- 3000 Connections Matter® booklets distributed

WHAT'S YOUR CONNECTION?

A caring connection can give a child a great start. It can help an adult with a history of trauma heal. It can improve the health of a neighbor and the well-being of a family.

**CONNECTIONS MATTER
IS A COMMUNITY EFFORT.**



Connections Matter(R) postcard



**TO YOU, IT'S A HUG.
TO THEM, IT'S THE WORLD.**

When you make a connection with the kids in your life, you help them grow up feeling safe and loved. Not only do caring relationships help kids thrive - they help make our community a better place, full of compassionate people. So give those kids a hug. Read them a story. Share a laugh. It doesn't take much to make a connection.

Learn more at BecauseConnectionsMatter.org.

#CONNECTIONSMATTER

SUPPORTED BY  **Prevent Child Abuse
Iowa**

Previous: print and social media ad

Below: Poster



- d. *Provide updates on changes in state and federal policy in relation to prevention and early intervention efforts around children's mental health and well-being.*

PCA Iowa continually works on system, policy, and practice change, disseminating information to our network and supporters. Within the last year, PCA Iowa has provided information on Iowa legislative issues pertinent to prevention, health and child well-being. Additionally, PCA Iowa led communication efforts on the Iowa Department of Public Health needs assessment and strategic planning process as well as the Iowa Department of Education's development of Every Student Succeeds Act (ESSA) plan. PCA Iowa has encouraged community partners to provide direct feedback to their legislators, and provide input to the strategic planning process. PCA Iowa has worked to educate key decision makers on the necessity of prevention practices in these strategic plans and to prioritize funding for prevention and child well-being programs at the state and federal level.

PCA Iowa uses a variety of tools to bring information and action. PCA Iowa partnered with advocacy experts to bring training to local community partners across Iowa. Additionally, PCA leverages the network of partner agencies and affiliates at the local and national level, expanding reach beyond the PCA Iowa database. PCA Iowa conducts webinars and communicates through e-newsletters, mailers, and media outlets to update community

members on changes in state and federal policies or opportunities to shape policy. The grass tops and grassroots approach continues to be an effective model.

PCA Iowa will provide training and support to build capacity at the local level in building awareness and avenues for input related to mental health, prevention, and early intervention. Policy makers are most responsive to their local constituents, and are more accessible when they are not in active session. PCA Iowa will help communities strengthen relationships with their local elected officials, school board leaders, and city leaders who shape the health and well-being policies of their community.

e. Provide culturally-competent services and address issues related to disproportionate representation.

PCA Iowa will guide the collaborative to improve cultural competencies that serve all individuals in their communities. PCA Iowa has teamed up with local experts employed with such partners as EMBARC or the Iowa Attorney General's Office to provide training and support to our network specific to improving cultural competency. PCA Iowa will access these or other partners to support and train the collaborative which may include discussions about what steps the community has taken to understand the demographic makeup of their community, steps taken to learn about the values and traditions of people in their communities, and how their programs use a strength-based approach to be inclusive of all cultures. In addition, goals may be created that will address how the collaborative will recruit groups that may be at risk for disproportionate representation.

PCA Iowa has ensured that the Agency's Cultural Equity Standards are a part of the PCA Iowa by-laws and are incorporated into organizational standards. PCA Iowa is a member of the Community Team and Learning Sessions (formerly known as the Breakthrough Series Collaborative) which is organized to address minority over-representation in the child welfare system. This group is comprised of IDHS management and frontline workers, service area managers, social work administrators, judges and court personnel, community partners, domestic violence and substance abuse agencies, faith-based community members, parents and youth.

f. Develop and provide primary, secondary, and tertiary prevention and early intervention services that are non-duplicative and aligned to meet the needs of children and families in the Geographically Defined Area.

The development of and prevention of primary and secondary services that are non-duplicative have historically been the work of PCA Iowa and our partners in prevention and early intervention in rural and urban communities across Iowa. More recently, the work of tertiary prevention and early intervention have become a part of the continuum.

PCA Iowa's core programs include assisting community-based groups in offering child abuse prevention services; advocating for laws, policies, and practices to support prevention activities; and enhancing community awareness of and support for the cause of prevention. A brief summary of all of these core services can be found in the organizational history.

PCA Iowa will work with the collaborative partners to assess needs as well as identify where potential overlaps and gaps in services occur. This will involve service mapping and reviewing provider coverage areas. PCA Iowa will lead the workgroup to develop a plan that compliments the existing community health improvement plan(s). The plan will identify strategies necessary to meet existing needs including, but not limited to:

- Accessing training necessary to build capacity for current providers
- Exploring technology resources that can make additional services available, including tele-medicine
- Streamlining and sharing resources, as well as exploring the need for satellite locations
- Partnering with schools and other organizations to improve children and family's access to services
- Analyzing areas of overlap
- Evaluate underutilized services

To further assist with this, PCA Iowa is conducting a comprehensive mapping of prevention services and programs (at the county level) across multiple agencies, and performing research on the program efficacy as well as other social determinants within each county. Included in the assessment are data related to mental health services and social supports. To execute the assessment, analysis, and mapping, PCA Iowa has partnered with its long-time data analysts, Hornby Zeller Associates, Inc. (HZA) This firm is uniquely familiar with social programming in Iowa, having served as the child abuse prevention evaluator for many years as well as consultant to the Family Development and Self-Sufficiency Program and contractor to the Child Welfare division of DHS. Its experience in strategic planning and strong analytical skills will complement PCA Iowa's extensive knowledge of prevention efforts in Iowa and the local communities which implement these efforts. This work will be relevant, available, and valuable to the collaborative.

1.3.1.3 Reporting.

The Contractor shall report to the Agency to facilitate Children's Prevention and Early Intervention Services in the State of Iowa. The Contractor's obligations in this regard include, but are not necessarily limited to, the following. The Contractor shall:

- a. Meet either telephonically, electronically or face-to-face with the Agency on a monthly basis during the entire Contract to review progress on Contract Deliverables.*

PCA Iowa meets periodically with all contractors and funders. Project Manager Wood will work with the Agency to designate a consistent time for monthly meetings for the duration of the contract period. Wood will attend all meetings to present project progress. Wood will respond promptly to phone calls and email requests for information from the Agency as needed between meetings.

- b. Provide a monthly written status report on the Contractor's progress toward meeting the Deliverables starting with the report for November 2017. Each monthly written status report is due to the Agency on the 10th day of the month following the month being reported.*

PCA Iowa currently provides timely quarterly reports to the Agency in accordance with another contract and to other funders as requested by their terms of acceptance. PCA Iowa will continue to adhere to this requirement of the contract and submit monthly reports by the 10th of each month beginning November 10th, 2017. Reports will be compiled by the Project Manager and submitted per the contract. PCA Iowa will work with the Agency to predetermine a reporting format within 15 days of contract execution.

- c. Meet with the children's mental health and well-being advisory committee as requested by the committee.*

PCA Iowa sits on a number of boards and committees as active participants and commonly reports on PCA Iowa efforts and the status of particular projects. The Project Manager will ensure that their schedule includes attending these meetings as requested and provide all requested materials for the group in a timely manner. Should a conflict arise or an unforeseen absence occur, PCA Iowa staff member, Rachel Owens will attend to ensure necessary information is relayed to and from the committee.

- d. Submit an initial written report to the Agency by December 15, 2017, including information relating to the accomplishments and future plans of the Well-being Collaborative. The report shall provide detail regarding the Scope of Work Sections 1.3.1.1 through 1.3.1.2.*

PCA Iowa submits benchmark and year end reports to a number of contract holders and funders. Examples of this work is available by request. These reports have always been submitted on time and with accuracy regarding the program outputs. If questions are generated from the content of the report PCA Iowa is timely in responding to any questions and clarifying as needed.

This initial report regarding Work Sections 1.3.1.1 through 1.3.1.2 will address each deliverable (a-l and a-e respectively) in these areas in an individual section as a narrative. Additions to this narrative may include a workplan for the group, materials that have been created, meeting minutes and other documentation of the groups progress. The initial written report will be drafted by December 12th, to ensure adequate time for internal reviews and revisions, prior to submitting by December 15th. The review will provide a detailed description of progress of the collaborative workgroup including progress of the needs assessment and resource mapping. The report will describe training and technical assistance provided or coordinated by Prevent Child Abuse Iowa.

- e. Submit a final written report to the Agency by April 15, 2018, including information relating to the accomplishments and future plans of the Well-being Collaborative. The report shall provide detail regarding the Scope of Work Sections 1.3.1.1 through 1.3.1.2.*

As noted above each contractor and funder of PCA Iowa requires a year-end report in some form. These are submitted timely and in accordance with the structure laid out by the funder. Given feedback from the initial report due December 15, 2017 PCA Iowa will ensure that the report is complete and as useful as possible to the Agency and Well-being Advisory Committee. PCA Iowa will also distribute this report to organizations that have had representation on the collaborative process and other entities as identified.

This work will include accomplishments of the collaborative, examples of work produced, outcomes that have been identified and future plans to continue the work. This will be done in such a manner that individually addresses Work Sections 1.3.1.1 through 1.3.1.2 and will address each deliverable (a-l and a-e respectively).

3.2.4.1 Bidders shall submit a description of the Geographically Defined Area formed for the purposes of applying for the RFP. This includes, but is not limited to, Counties included in the Geographically Defined Area showing the Rural and Urban designations of each county. Bidders should put this material behind a tab labeled 4A.

Description of Geographically Defined Area

Jefferson, Van Buren and Wapello Counties

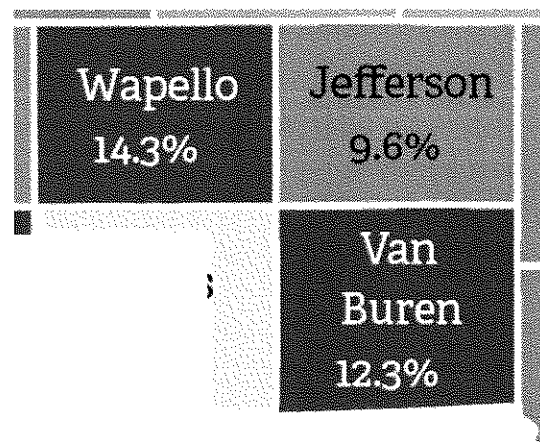
These counties include both urban and rural areas as defined by the RFP. Two of the counties fall within the rural definition with the following populations as reported in the 2015 census:

Jefferson County – 17,555

Van Buren County – 7,344

Wapello County falls within the urban definition with a total population of 35,173. The city of Ottumwa within this county by itself meets the urban definition with 25,232 residents.

PCA Iowa chose to focus on this three-county area because of the collaborative partnerships and model of collective impact described previously in this proposal. PCA Iowa has reached out to many in this area who provide not only integrated health home and children's mental health services but also educational, disability, and prevention services in the community. PCA Iowa believes that the work of these partners and other practitioners coming together with a shared vision will leverage the resources of each partner and create the greater impact and sustainable outcomes for families and community agencies. In addition to the partnerships, Iowa Adverse Childhood Experiences (ACE) data and County Health Needs Assessments and Health Improvement Plans heavily influenced the geographical designation.



Three years of Iowa ACEs data gives us a more accurate picture of where Iowa adults who have experienced ACEs live now. On average, fewer adults with a high percentage of ACEs live in suburban counties, places with high incomes and relatively few social strains. A greater than average share of adults reporting four or more ACEs live in counties containing Iowa's largest cities and its smaller, regional centers. Regional centers – places like Burlington, Fort Dodge and Ottumwa – are non-metropolitan counties with an urban core of at least 10,000 and fewer than 50,000 people, or adjacent counties with a high degree of social and economic integration to the urban core. Jefferson, Van Buren and Wapello Counties as shown above report significant ACEs within the adjacent counties.

Experiencing trauma in childhood greatly increases the risk of having mental health issues as an adult. Iowa adults with four or more ACEs were 6 times more likely to have been diagnosed with depression compared to those with zero ACEs. Depression is one of the most common mental health disorders in the United States today. On average, one out of six children in Iowa lives with a parent with four or more ACEs. As a result, many parents are at greater risk for behaviors and health issues that can make caring for children difficult. In addition, Iowa's families face increasingly stressful situations.

Van Buren County Health Improvement Plan ranks access to mental health support as a top priority, citing the average number of mental unhealthy days was 2.1 days per month (2014 County Health Rankings). Wapello cited a growing need for access to mental health services to serve the increasing rate of families in crisis. Jefferson County's Health Needs Assessment and Health Improvement Plan indicates a need to develop tools and resources that support local agencies, such as an easily accessible mental health resource guide.

Still, many families thrive despite these factors, especially with strong community support that can be strengthened through efforts that will be undertaken by the Children's Mental Health and Well-being Collaborative.

3.2.4.2 Bidders shall submit a description of the Well-being Collaborative formed for the purposes of applying for the RFP. Well-being Collaboratives shall consist of at least three (3) entities in addition to the Lead Entity. Required entities in the coalition include a child-serving Integrated Health Home and a provider of community-based children's mental health services in the Geographically Defined Area. Bidders should put this material behind a tab labeled 4B.

PCA Iowa will serve the collaborative as the backbone agency. PCA Iowa has identified members of the collaborative listed below based on recommendations by the Children's Mental Health Study report detailing members have (1) experience and a strong understanding of how to best engage children and families to achieve positive mental health and well-being outcomes (2) and ability to provide or administer the delivery of prevention services for improved mental health well-being outcomes (3) experience and effectiveness in coordinating the efforts of multiple stakeholders working toward common goals for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes. This has already begun with connections made within the Geographically Defined Area. Without reservation, Mercy Health Network, Iowa Disability Rights, and the Area Education Agencies (AEA) are eager to join the collaborative team. Members listed below are not exclusive and other community partners to expand the group and satisfy the project goals and improve diversity.

- Integrated Health Home Provider/Community-Based Children's Mental Health Services – Southern Iowa Children's Mental Health Clinic – Stephanie Millard
- Health Provider – Mercy Medical Clinic – (Mercy representative TBD)
- Disability Rights – Iowa Disability Rights – (Iowa Disability Rights representative TBD)
- Iowa Area Education Agency – Great Prairie AEA – (AEA representative TBD)

These, along with other key stakeholders, have the ability to bring perspective to the planning process, addressing the differing challenges of rural and urban communities, and can help create both broad and deep community impact. This is just an initial framework and PCA Iowa will continue to grow the leadership team under the advice of local community partners. In this role of Lead Agency PCA Iowa staff will build relationships through trust and transparency with each of the collaborative members and continue to reach out to others with expertise in the community around children's mental health.

As will be evident by the signed Memorandum of Understanding documents, included later in this proposal, it is clear that PCA Iowa has sought to include members from a wide cross-section of the community who will provide specialty expertise and make available data to inform the process. PCA Iowa plans to hire Dawn Wood, LISW to provide coordination and facilitation of these groups, supported by other PCA Iowa staff including Julie Dalrymple, program manager, and Rachel Owens, operations manager. Wood will be accessible to collaborative members as well as Agency personnel, providing technical assistance, ensuring data and resources are available, and supporting goals and outcomes identified by the collaborative.

Wood will convene meetings, take minutes of these meetings, report to the Agency as required, and complete the loop through reporting back to collaborative members. In addition to these administrative tasks PCA Iowa will share with collaborative member's research and assessments that have previously been compiled around efforts in the Geographical Area. PCA Iowa will also provide upon request potential templates for the work plan of the collaborative. Under the direction of the collaborative PCA Iowa will utilize approved content to create marketing pieces around de-stigmatization of mental health issues to be approved by the collaborative and Agency prior to dissemination.

3.2.4.3 Bidders shall submit a copy of the Memorandum of Understanding (MOU) or letter of support from each Well-being Collaborative member named in the proposal. Bidders should put this material behind a tab labeled 4C.

Please see following pages for copies of MOUs or letters of support from the following collaborative members/organizations:

Bob Ritz
Chief Executive Officer
Mercy Health Network
1111 6th Avenue
Des Moines, IA 50314
515-358-8040

Brent Siegrist
Executive Director
Iowa Area Education Agencies
P.O. Box 1109
24997 Highway 92
Council Bluffs, IA 51501
Bsiegrist@gwaea.org
402-250-5566

Jane Hudson
Disability Rights Iowa
400 East Court Ave., Ste. 300
Des Moines, Iowa 50309
Jhudson@dr Iowa.org
515-278-2502 x 20

Christina Scharck
Southern Iowa Mental Health Center
110 East Main Street
Ottumwa, Iowa 52501
Ccharck@simhcottumwa.org
641-682-8772



Iowa's Area
Education
Agencies

August 8, 2017

Suzanne Fross
Human Services Administration
1305 East Walnut Street
5th floor
Des Moines, IA 50319

RE: MHDS 001

Dear Ms. Fross,

I write on behalf of Prevent Child Abuse Iowa (PCA Iowa) in support of the Iowa Department of Human Services Request for Proposal for the Child Mental Health and Well-being Collaborative(s) to bring a broad cross-section of entities together in a Geographically Defined Area to collaborate and cooperate in their efforts to build and improve the effectiveness of Prevention and Early Intervention mental health Services.

I am the director of the Iowa Area Education Agencies (AEAs). The AEAs were created in 1974 by the Iowa legislature to ensure equal educational opportunities for all children from birth through age 21. As regional service agencies, AEAs provide special education and school improvement services for students, families, teachers, administrators, and their communities. Our agency works with local educators to develop, enhance, or expand systems of support for, and technical assistance to, schools implementing an evidence-based multi-tiered behavioral framework for improving behavioral outcomes and learning conditions for all students.

For more than forty years, PCA Iowa has proven their ability to bring together communities around the common goal of supporting children and families. Their work around Iowa's Adverse Childhood Experiences data and the strength-based Connections Matter curriculum has positioned them as a valuable partner for AEAs, connecting school districts with community partners to develop trauma sensitive classroom practices. This partnership is driven by the need for multi-tiered mental health support that improves learning outcomes for students.

Through our collaboration, we have found PCA Iowa to be a partner who effectively engages dynamic stakeholder groups centered on a shared mission.

PCA Iowa is flexible to the needs of individual schools and AEAs, and responds accordingly. They have remained responsive to individual districts and broader statewide initiatives providing training and consultation to our AEA leadership team, the Iowa Department of Education, school districts, Early Childhood Iowa early educators, and classroom teachers.

If this proposal is funded, the local AEA within the Defined Geographical Areas proposed in the grant application, will be active participants in the collaborative. This partnership will include forming a genuine partnership to assess, identify and implement children's mental health and well-being efforts in the Geographically Defined Area(s).

We look forward to supporting the work around the Children's Mental Health and Well-being Collaboratives for increased supports for children and families. Thank you for your consideration of PCA Iowa as the convener of these collaboratives. There is little doubt their work will engage community providers, families, educators, and partners to produce a quality product and meaningful long-term outcomes from the project.

Thank you,

A handwritten signature in black ink, reading "Brent Siegrist". The signature is written in a cursive, flowing style. The first name "Brent" is written in a larger, more prominent script, and "Siegrist" follows in a similar but slightly smaller script.

Brent Siegrist
Director
Iowa's Area Education Agencies

Children's Mental Health and Well-Being Collaborative-

Memorandum of Understanding

This agreement entered into by Prevent Child Abuse Iowa, also referred to as "Lead Agency" and Southern Iowa Mental Health Center, also referred to as "Collaborative Participant."

Whereas, in 2016 a Children's Mental Health and Wellbeing Workgroup provided recommendations to the Iowa legislature to improve the outcomes related to children's mental health and well-being. The recommendations included appropriations to form Children's Wellbeing Collaboratives that focus on child and family wellbeing, including mental health, through prevention and early intervention.

Whereas, a Children's Mental Health and Wellbeing Collaborative, also referred to as the Collaborative, will cover the following counties: Wapello, Jefferson and Van Buren, also referred to as the "Geographical Area".

Whereas, the Collaborative will meet each month to plan improvements and alignment of resources in the geographical area,

This agreement outlines the commitment to participate in abovementioned Collaborative in the Geographical Area.

Participation in the Collaborative has been agreed to by the Integrated Health Home Department, representative of Southern Iowa Mental Health Center. Southern Iowa Mental Health Center acknowledges the support of the Integrated Health Home Department to participate in the ongoing work of this group. It is the understanding of all parties that participation in the Collaborative will include, but not be limited to: attending and participating in all Collaborative meetings, making recommendations regarding improvement of service delivery in the target area, provide expertise as appropriate, engaging community members regarding aims and strategies of the collaborative, dispersing awareness materials, and work in partnership with other Collaborative participants to foster an inclusive team environment.

The Lead Entity shall schedule regular meetings with Collaborative members. The Lead Entity shall endeavor to plan meetings in advance and to accommodate schedule needs of all Collaborative members. The Lead Entity shall attend meetings either by phone/webinar or in person and will attend in person at least quarterly. The Lead Entity shall coordinate meetings including reserving meeting space and attending to related needs including materials, meals and refreshments as applicable. The Lead Entity shall reimburse Collaborative participants for reasonable expenses related to participation in the work group including mileage, meals and other travel expenses as needed as approved by the Lead Entity. Overnight or out of state travel, or meal expenditures exceeding the limits set by the State of Iowa must be authorized/approved by the Lead Agency prior to incurring such expenses. The Lead Entity shall provide technical assistance to guide the planning process and implementation. The Lead Entity shall be responsible for compiling and submitting all related reports to the Iowa Department of Human

Services. The Lead Entity shall develop and provide awareness materials for the effort based on feedback from the group as well as available related communications/marketing research.

We the undersigned have read and agree to this Memorandum of Understanding and express willingness to participate in Collaborative activities as described above.

This agreement is not intended to be an offer of employment or assurance of compensation, with the exception of the previously mentioned reimbursements associated with travel costs.

Further, we the undersigned acknowledge this agreement as a commitment to voluntarily participate as a participant of a community initiative for a period beginning October 1, 2017 through April 30, 2018

Elizabeth Cox

(signature), Prevent Child Abuse Iowa

Elizabeth Cox

(printed name)

Aug 17, 2017

(date)

Christina Schark

(signature), Southern Iowa Mental Health Center

Christina Schark, Executive Director

(printed name & title)

Friday, August 4th, 2017

(date)

CHILDREN'S MENTAL HEALTH AND WELL-BEING COLLABORATIVE

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is entered into by Prevent Child Abuse Iowa, an Iowa nonprofit corporation, also referred to as "Lead Agency" and Disability Rights Iowa (DRI), a nonprofit corporation also referred to as "Collaborative Participant", as of August 9, 2017.

Whereas, in 2016 a Children's Mental Health and Wellbeing Workgroup was charged to provide recommendations to the Iowa legislature to improve the outcomes related to children's mental health and well-being. The recommendations included appropriations for Children's Wellbeing Collaboratives that focus on child and family wellbeing, including mental health, through prevention and early intervention.

Whereas, a Children's Mental Health and Wellbeing Collaborative, also referred to as the Collaborative, will cover the following counties: Pottawattamie, Mills, Grundy, Black Hawk, Bremer, and Chickasaw Wapello, Jefferson, Van Buren, also referred to as the "Geographical Area".

Whereas, the Collaborative will meet each month to plan improvements and alignment of resources in the geographical area.

Whereas, this agreement outlines the commitment to participate in abovementioned Collaborative in the Geographical Area.

NOW THEREFORE, the parties agree as follows:

1. **Participation.** Participation in the Collaborative has been agreed to by Jane Hudson, Executive Director, who is a representative of DRI. The Lead Agency acknowledges and agrees that it needs the support of DRI to participate in the ongoing work of the Collaborative located in the Geographical Area. It is the understanding of all parties that participation in the Collaborative located in the Geographical Area will include, but not be limited to: attending and participating in all Collaborative meetings, making recommendations regarding improvement of service delivery in the target area, providing expertise as appropriate, engaging community members regarding aims and strategies of the collaborative, dispersing awareness materials, and working in partnership with other Collaborative participants to foster an inclusive team environment.
2. **Meetings.** The Lead Entity shall schedule regular meetings with Collaborative members. The Lead Entity shall endeavor to plan meetings in advance and to use its commercially reasonable best efforts to accommodate the schedule needs of all Collaborative members. The Lead Entity shall attend meetings either by phone, webinar or in person; provided, that, the Lead Entity shall attend in person at least quarterly. The Lead Entity shall coordinate meetings including reserving meeting space and attending to related needs, which may include materials, meals and refreshments, as reasonably determined by the Lead Entity from time to time. The Lead Entity shall reimburse Collaborative participants for any expenses related to participation in the Collaborative located in the Geographical Area as long as such expenses are preapproved in writing by the Lead Entity and the participants provides reasonable documentation of such expense. Expenses that may be approved by the Lead Entity include mileage, meals and other travel expenses as needed. Overnight or out of state travel, or meal expenditures exceeding the limits set by the State of Iowa must be preapproved by the Lead Agency in writing. The Lead Entity shall provide technical assistance to guide the planning process and implementation. The Lead Entity shall be responsible for compiling

and submitting all related reports to the Iowa Department of Human Services. The Lead Entity shall develop and provide awareness materials for the effort based on feedback from the group as well as available related communications/marketing research.

3. We the undersigned have read and agree to this Memorandum of Understanding and express willingness to participate in Collaborative activities as described above. The Lead Agency can terminate this Memorandum of Understanding at any time without notice to the Collaborative Participant.
4. Notwithstanding any other provision herein, and for all purposes of this Memorandum of Understanding, Collaborative Participant agrees that Collaborative Participant is not an contractor, employee, agent, partner, or joint venture of the LEAD AGENCY. Collaborative Participant is responsible for Collaborative Participant's own acts and omissions. Collaborative Participant shall comply with all laws and regulations applicable to this Memorandum of Understanding.
5. Further, we the undersigned acknowledge this Memorandum of Agreement is a commitment to voluntarily participate as a participant of a community initiative.

Elizabeth Cox (signature), Prevent Child Abuse Iowa

Elizabeth Cox (printed name)

Aug 14, 2017 (date)

Jane Hudson (signature), participant

Jane Hudson, Executive Director (printed name)

8/9/17 (date)



1755 59th Place
West Des Moines, IA 50266

Sponsored by Catholic Health Initiatives—Englewood, CO and Trinity Health—Livonia, MI

August 12, 2017

Suzanne Foss
Human Services Administration
1305 East Walnut Street, 5th Floor
Des Moines, IA 50319

RE: MHD 001

Dear Ms. Fross,

I write on behalf of Prevent Child Abuse Iowa (PCA Iowa) in support of the Iowa Department of Human Services Request for Proposal for the Child Mental Health and Well-being Collaborative(s) to bring a broad cross-section of entities together in a Geographically Defined Area to collaborate and cooperate in their efforts to build and improve the effectiveness of Prevention and Early Intervention Mental Health Services.

As CEO of Mercy Health Network, I have the privilege to serve with all Mercy Health Network markets and our 42 hospitals across Iowa. Our mental health and substance abuse programs are available to help people of all ages and include emergent/urgent assessments, crisis management support, professional consultations, and referrals. Of particular note to the Mental Health and Well-Being Collaborative is the Mercy Pediatric Neurology and Psychiatry Centers which provide neurological and behavioral care for young children, adolescents, and teenagers, and their families. We work hard to maintain a multidisciplinary team of professionals who utilize a patient-focused approach, offering services such as hospitalization and outpatient treatment.


In addition to the critical elements of self and family, we at Mercy recognize the need for partnerships with other community agencies to provide family mental health support including group therapy and counseling.

Prevention and service to families struggling with mental health is a priority for the Mercy Health Network. PCA Iowa has been a community leader in building awareness of the impact of Adverse Childhood Experiences on mental, physical, and financial health among Iowans. Their focus on prevention and the development of resilience through their Connections Matter Campaign® across sectors - including educators, faith leaders, businesses, social workers, and their network of prevention partners - positions them as the ideal organization to lead this collaborative work on mental health and well-being.

In the event that this proposal is funded, the local Mercy Health Network provider within the Defined Geographical Areas will discuss potential collaborative initiatives with PCA Iowa to assess, identify, and implement children's mental health and well-being efforts in the Geographically Defined Area(s). Mercy is committed to supporting coordinated and effective, long term community prevention and early intervention strategies that drive measurable outcomes for children and families.

We look forward to supporting the work around the Children's Mental Health and Well-being Collaboratives for increased supports for children and families. Thank you for your consideration of PCA Iowa as the convener of these collaboratives. There is little doubt their leadership will engage community providers, families, educators, and youth to produce a quality product and meaningful outcomes from the project.

Thank you



Bob Ritz
Chief Executive Officer
Mercy Health Network

3.2.4.4 Bidders shall provide a written description of the Well-Being Collaborative members' experience in the following areas:

- *Experience and ability in providing Prevention and Early Intervention Services.*
- *Effective engagement of children and families to achieve positive mental health and wellbeing outcomes.*
- *Experience and effectiveness in coordinating the efforts of multiple stakeholders working toward a common goal for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes.*

Bidders should put this material behind a tab labeled 4D.

Collaborative Member: Southern Iowa Mental Health Center (SIMHC)

Experience and ability in providing Prevention and Early Intervention Services. Southern Iowa Mental Health Center (SIMHC) is a Community Mental Health Center, specializing in the treatment of mental health disorders. SIMHC serves patients of all ages; children, adolescents and adults. SIMHC has five master's prepared therapists trained to work with children & adolescents. The therapist training prepares them to accommodate a wide range of treatment scenarios: from trouble with inter-personal relationships, stress, anxiety, depression, etc., up to and including intense trauma, attachment and abuse scenarios. The pediatric therapists at SIMHC are trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interactive Therapy (PCIT) and all modalities of Play Therapy. SIMHC pediatric therapists see patients both in the office setting, as well as in the school setting in the Ottumwa Community School District. In addition to therapy based interventions, SIMHC also has a Child & Adolescent Psychiatrist on staff; Hilda Mascaro, MD. Dr. Hilda Mascaro is a board-certified psychiatrist, complete with training for patients of all ages, however, specializes in the pharmaceutical treatment of patients under the age of 18. Both Dr. Hilda Mascaro and the pediatric therapy staff work to engage the full family in all modes of treatment and often will collaborate on mutual cases to find common interventions that have the best chance of success. Dr. Hilda Mascaro speaks Spanish when necessary, which is a considerable asset given the relatively high prevalence of Spanish-speaking families receiving care.

Effective engagement of children and families to achieve positive mental health and wellbeing outcomes. Combined with the treatment team at SIMHC, SIMHC also employee pediatric Integrated Health Home (IHH) Care Coordinators, nursing staff and Family Support Specialist (FSS). Care Coordinators work to engage the full family in the treatment of the child; both for physical health care and mental health care. Care Coordinators work with the families to identify gaps in care and reduce barriers to close the gaps. The Care Coordinators are experts in local resources and work to make the connection for families. In addition to the Care Coordinators, every child/family enrolled in the IHH program has access to nursing expertise when needed and access to the support of a Family Support Specialist (FSS). FSS staff are identified staff that themselves have raised a child with a Serious Emotional Disturbance (SED) and are willing to talk about that experience with enrolled families to empower and encourage families on a similar journey. The three-member team is available at any time, to all children and their families enrolled in the IHH program. In addition to the three IHH staff members, the treatment team at SIMHC often has mutual cases with the IHH program and the two teams consult with each other on mutual cases at least one time per month, more often when needed.

Experience and effectiveness in coordinating the efforts of multiple stakeholders working toward a common goal for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes. SIMHC prides itself on being an active and visible member of the larger medical community in the area. SIMHC staff are active in local committees and other health

drive outcome groups. SIMHC staff offer community based mental health education courses such as: Mental Health 1st Aid and Youth Mental Health 1st Aid.

Collaborative Member: Disability Rights Iowa

Experience and ability in providing Prevention and Early Intervention Services. Disability Rights Iowa (DRI) , a non-profit law center, is the Congressionally-mandated protection and advocacy system for Iowans with disabilities and mental illness. For more than 25 years, DRI has provided information and referrals, training and legally-based advocacy and representation to prevent abuse, neglect and rights violations. Specifically, DRI monitors facilities for safety and compliance with state and federal laws, investigates allegations of abuse and neglect and pursues administrative, legal and other relief to ensure the protection of adults and children with mental illness. DRI also provides legal advocacy and representation to protect the rights of students under the Individuals with Disabilities Act and Section 504 of the Rehabilitation Act. DRI also represents youth and adults in guardianship proceedings to ensure that their rights of self-determination and choice are not unduly restricted.

Effective engagement of children and families to achieve positive mental health and wellbeing outcomes. Disability Rights Iowa works closely with children and families to protect their rights, especially in the area of special education services. DRI's education and advocates ensure that students and their families have a voice in all of the services schools provide.

Experience and effectiveness in coordinating the efforts of multiple stakeholders working toward a common goal for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes. DRI engages in collaboration with many other entities in to try to reach the common goal of preventing abuse and neglect and protecting the rights of Iowans with disabilities and mental illness, including but not limited to the State Developmental Disabilities Council, the Center for Disabilities and Development, the Brain Injury Alliance, the Autism Society of Iowa, the Olmstead Consumer Task Force, the National Association on Mental Illness-Iowa Chapter, and the Iowa Statewide Independent Living Council.

Collaborative Member: Iowa's Area Education Agency (AEA)

Experience and ability in providing Prevention and Early Intervention Services: Area Education Agencies ensure equal opportunities for all children from birth through age 21. Regional service agencies provide special education and school improvement services for families, students, teachers, schools, administrators and communities.

Effective engagement of children and families to achieve positive mental health and wellbeing outcomes. AEA professionals work alongside educators, families, and other stakeholders to support the needs of all children. AEA has supported the development of trauma sensitive classroom practices to better support the academic achievement of students to be outcome focused while recognizing how trauma can impact a child's ability to learn. Given the diverse needs of students across the state AEA professionals have adapted to be experts not just in education, but also addressing significant needs of students with behavioral challenges and barriers to learning.

Experience and effectiveness in coordinating the efforts of multiple stakeholders working toward a common goal for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes. AEAs partner with a variety of family, school and community entities, including the Department of Education, Early Childhood Iowa early educators, and other consultants to assess needs and respond accordingly. They coordinate efforts to build capacity of the education system on a large scale, as well as work in individual classrooms to assess and address the needs of students and teachers.

Collaborative Member: Mercy Health Network

Experience and ability in providing Prevention and Early Intervention Services. Mercy Health Network has 42 hospitals across the state. They provide mental health and substance abuse services to persons of all ages and include emergent/urgent assessments, crisis management supports, referrals and consultations. Mercy Pediatric Neurology and Psychiatry Centers provide neurological and behavioral care for young children, adolescents, teenagers, and their families.

Effective engagement of children and families to achieve positive mental health and wellbeing outcomes. Mercy works hard to maintain a multidisciplinary team of professionals who utilize a patient-focused approach, offering services such as hospitalization and outpatient, as well as counseling and group therapy. Prevention and services for families struggling with mental health is a priority for Mercy Health Network.

Experience and effectiveness in coordinating the efforts of multiple stakeholders working toward a common goal for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes. Mercy Health Network works with a broad range of communities across the state of Iowa to meet the health needs of individuals.

3.2.5 Information to Include Behind Tab 5: Bidder's Background.

The Bidder shall provide the information set forth in this section regarding its experience and background.

3.2.5.1 Experience.

The Bidder shall provide the following information regarding the organization's experience:

3.2.5.1.1 Level of technical experience in providing the types of services sought by the RFP.

At its start in 1975, Prevent Child Abuse Iowa focused on educating the public about the reality of child abuse and examining strategies for preventing it. With the help of two staff and extensive travel, the organization supported local groups in discussing possible community-based child abuse prevention strategies, while raising awareness of the cause of child abuse prevention with state leaders.

These grassroots effort received a major boost from state legislation, passed in 1982, that created the Iowa Child Abuse Prevention Program (ICAPP). That legislation provided \$150,000 in funding for grants to community groups for child abuse prevention projects and called for a nonprofit to administer this grant program and provide oversight. The Iowa Department of Human Services chose PCA Iowa (then named "Iowa Chapter, National Committee to Prevent Child Abuse") to administer ICAPP, which it has managed ever since.

Since 1982, ICAPP has grown to a \$1.4 million program, with services in nearly three quarters of Iowa's counties. While directing and expanding ICAPP, PCA Iowa also provided leadership in developing other prevention programs. In the 1990s, PCA Iowa was instrumental in effectively advocating for – and initially managing – Iowa's first home visiting program, Healthy Opportunities for Parents to Experience Success (HOPEs). From 1998-2007, PCA Iowa developed and managed the Young Families Initiative, a prevention program focused on supporting families with young children in one-third of Iowa's counties. Since 2007, PCA Iowa has managed the \$450,000 Community-Based Child Abuse Prevention Program, which provides education and support in more than half the state. Through this experience, both program managers have a working knowledge and systems in place to manage day to day program administration duties such as project monitoring, reporting, and completing evaluation requirements. Both Dalrymple and Patterson have participated in creating RFPs, writing service contracts, and providing extensive support and training to the grantees of funds.

PCA Iowa's mission is to strengthen families for Iowa's future. We lead child abuse prevention efforts in Iowa by building Awareness, providing Assistance, and promoting Advocacy. PCA Iowa envisions a future in which all Iowa children grow up in safe, nurturing environments, and are thus empowered to reach their full potential as adults.

PCA Iowa staff and directors recently revisited the mission and vision as part of a ten-month strategic planning process that ended with the board's adoption of a revised strategic plan on December 9, 2015.

PCA Iowa's core programs include assisting community-based groups in offering child abuse prevention services; advocating for laws, policies, and practices to support prevention activities; and enhancing community awareness of and support for the cause of prevention. Here is a brief summary of PCA Iowa's core programs and services:

1. Assistance: PCA Iowa organizes and directs two statewide child abuse prevention programs. The programs' core premise is that child abuse is preventable by building one or more of five protective factors in families – such as parenting knowledge, resilience, and nurturing and attachment – that research shows buffer against child abuse. PCA Iowa's two programs use a statewide network of local organizations and groups that offer 140-plus projects providing a range of education and support services to build protective factors. Approximately 12,000 adults and 40,000 children benefit from these programs annually. PCA Iowa has a strong relationship with these councils and extensive institutional knowledge about the programs, leaders, and community strengths with each group. PCA Iowa staff are the experts that community groups turn to for knowledge related to child abuse prevention, research, and how to promote local efforts.

2. Advocacy: PCA Iowa is this state's strongest voice advocating for laws, policies, and programs to prevent child abuse before legislators, administrative agencies, professional groups, and the media. PCA Iowa's advocacy has ensured continued funding for child abuse prevention efforts through sometimes challenging economic times and led to several positive reforms: (a) expansion of child sexual abuse prevention funding (2007-15), (b) creation of a statewide Shaken Baby Syndrome Prevention Program (2009), (c) enactment and extension of an Iowa income tax check off for child abuse prevention (2008-15), (d) development of a statewide child sexual abuse prevention plan (2011-12), and (e) financial support for survey research on the long-term impact of childhood trauma on the health of Iowa adults (2014-15).

3. Awareness: PCA Iowa increases public awareness of the effects of child abuse and the importance of its prevention through multiple communications platforms. PCA Iowa's multi-faceted communications program: (a) models consistent, positive, research-based messaging through its website, printed materials, social media, and awareness activities; (b) targets print and radio media outlets to report child abuse prevention activities and issues; (c) provides training and resources to assist local community awareness and engagement efforts; and (d) supports PCA Iowa's and its network's activities during Child Abuse Prevention Month (April) and in marketing Iowa's income tax check off for child abuse prevention.

PCA Iowa supports two long-standing networks of community-based organizations. One network includes 65 child abuse prevention councils, which offer family support and education services funded through the Iowa Child Abuse Prevention Program, which it has managed since 1982. These councils are typically small nonprofit organizations of varying sizes and structures, ranging from multi-service agencies to volunteer-led boards that subcontract for program services.

The second network includes 38 local sites implementing improved family engagement practices. Composed of community professionals, volunteers, and parents, the shared decision-making teams that oversee site activities also manage projects offered through PCA Iowa's Community-Based Child Abuse Prevention program, which started in 2007. Through this program, 23 sites provide parent education and support services for families to prevent abuse.

These two networks have a solid core of representatives committed to supporting families and preventing child abuse. These individuals are well connected to their communities and successfully access local financial and volunteer resources to supplement the program funding they receive. The network representatives face challenges with the decline in local and state-level financial support, more demand for services, the need for improved community engagement, and difficulties in finding and retaining volunteers. PCA Iowa, through the work laid out in this RFP, expects to work closely with these groups to identify one recipient of child abuse prevention funds in each community. Though this may prove a challenge in communities, the established relationships PCA Iowa has in place will aid in these transitions.

In addition to its prevention program work, PCA Iowa is the primary voice for child abuse prevention at the Iowa Legislature, developing and advocating for a prevention-focused agenda. PCA Iowa also provides regular updates for an email network of more than 175 people. PCA Iowa has had considerable success at securing expanded funding for child abuse prevention programs, passage of legislation for the prevention of shaken baby deaths and injuries, developing a state child sexual abuse prevention plan, securing funding for a state survey on the impact of childhood trauma and participating in a task force which led to recommendations related to drug endangered children.

PCA Iowa has also expanded its communications work, creating a multi-faceted plan that increases awareness and furthers engagement in child abuse prevention. Since 2012, a major part of this work has been helping lead efforts to enhance awareness of the widely respected Adverse Childhood Experiences (ACE) Study. This study shows a strong association between one or more of ten types of childhood traumas and a greater likelihood of a wide range of physical and mental health problems and/or risky health behaviors. PCA Iowa's work has moved beyond communicating the study's results to leading efforts to highlight its importance for child abuse prevention efforts.

For more than five years, PCA Iowa has provided valuable leadership and support for the Central Iowa ACEs 360 Steering Committee, a Des Moines-area collaboration that has led efforts to enhance awareness of the ACE Study, produce a similar Iowa-focused ACE survey and report, and develop resources for community-based education efforts. PCA Iowa's communications director has served on the steering committee and supported multiple projects and activities including redesigning and maintaining the committee's website, editing its publications, and assisting in its trainings and meetings.

PCA Iowa has undertaken groundbreaking ACEs-related projects, mostly focused on communicating the importance of prevention to reduce the likelihood of child abuse and neglect, with their long-term health impact. In 2012-13, PCA Iowa oversaw the production of two, first-ever, interactive modules on the ACE Study and Child Abuse Prevention as a Response to ACEs and development of research briefs on building resilience and the physiological impact of stress.

In 2013, PCA Iowa launched a unique project called the Community-Based Child Abuse Prevention Response (CBPR) to ACEs Project, which was evaluated in 2014-15 by a national firm with the help of private funding. Through two stages, this project has involved ten sites in conducting a community readiness assessment to identify the level of local awareness of the ACE Study and child abuse prevention, followed by meetings with PCA Iowa staff to develop action plans to engage community members in the cause of child abuse prevention.

These PCA Iowa ACE activities are first-of-their-kind and have drawn local, state, and national attention. PCA Iowa staff presented on these projects at national meetings in Washington, D.C. (twice) and New Orleans and at a child abuse prevention conference in Kansas. Its executive director and communications director also led a three-session ACEs learning circle for 24 state representatives from the national network of Prevent Child Abuse chapters.

In partnership with other Des Moines-area groups and organizations, PCA Iowa developed and is now managing a new way of messaging about the ACE Study and the need to respond to it, called Connections Matter. This effort stresses the importance of caring relationships to improving the prospects of children, youth, and adults who suffer trauma or face the risk of it. In its first year, the project has developed a shared public message about trauma and how community members can address the issue. Nearly 400 people have attended train-the-presenter sessions on this communications vehicle. These presenters are now sharing this message throughout their networks in an effort to increase community awareness and action.

PCA Iowa's longstanding partnerships and work at the grassroots, state, and national level makes the organization well-positioned to continue to provide administration of this program. As PCA Iowa staff continue to connect to new partners such as the Departments of Public Health, Education, our organization aids in making connections and bringing insight on how to collaborate at the local level. In summary, collective, institutional knowledge the organization has gained over many years, along with the extensive network of relationships possessed by the team will enable PCA Iowa to provide the exemplary services outlined in this proposal beginning day one of a new contract.

3.2.5.1.2 Description of all services similar to those sought by this RFP that the Bidder has provided to other businesses or governmental entities within the last twenty-four (24) months.

Please see following pages for matrices detailing similar services provided recently by PCA Iowa to other governmental agencies or businesses.

Description of Provision of Similar Services	
Project Title	Iowa Child Abuse Prevention Program (ICAPP)
Project Role	Primary Contractor
Name of client agency/business	Iowa Department of Human Services
General description of scope of work	PCA Iowa provided administrative services related to the Iowa Child Abuse Prevention Program which included but was not limited to drafting requests for proposals for the ICAPP program, reviewing project proposals, making recommendations of which projects to fund, ongoing research and evaluation of the effectiveness of projects and providing support to the community based coalitions and councils
Start and end dates of original contract	July 1, 2011 through June 30, 2012
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	This contract was extended for additional one year terms over the next five years with a final end date of June 30, 2017.
Value of contract, including any alterations to the value, including reasons for alteration of value	This contract was executed with a base term of \$200,000. With the next five year extensions, the total value of the contract was \$1,170,000. The contract was amended July 1, 2012 to remove certain deliverables and add new deliverables lowering the threshold to \$1,156,000 for the entire term of the contract.
Description of timeliness and budget adherence	All deliverables were met in a timely manner and there were no concerns in regards to adherence to the budget. Minimal line item budget shifts were made within the allowable 10% per year outlined in the contract
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to the service to which PCA Iowa was a party	None
Contact information for Client Project Manager	Lisa Bender, Child Abuse Prevention Program Manager; Iowa Department of Human Services, 1305 E. Walnut NE, 5 th Floor, Des Moines, IA 50319; 515-281-8787; lbender@dhs.state.ia.us

Description of Provision of Similar Services	
Project Title	Community-Based Child Abuse Prevention Program (CBCAP)
Project Role	Primary Contractor
Name of client agency/business	Iowa Department of Human Services
General description of scope of work	Under contract with the Iowa Department of Human Services, PCA Iowa administered the statewide CBCAP program.
Start and end dates of original contract	October 1, 2012 through June 30, 2013
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	This contract was extended for additional one year terms over the next five years with a final end date of June 30, 2017.
Value of contract, including any alterations to the value, including reasons for alteration of value	This contract was executed with a base term of \$75,000. With the possibility of five one year extensions, the total value of the contract was not to exceed \$530,000. Effective July 1, 2014, the contract was amended to provide for additional deliverables and performance measures while increasing the threshold for compensation to \$545,000. The contract was amended June 15, 2016 to send contractor staff to complete and become certified in Bringing the Protective Factors Framework to Life in Your Work and provide a minimum of three regional trainings for CBCAP grantees in this training increasing the threshold for compensation to \$554,000.
Description of timeliness and budget adherence	Services were provided within the projected timeline. Due to unforeseen turnover in subcontractor staff (HZA), a request was submitted for a 30-day extension for submission of the FY 16 annual report and granted by the Agency. The FY16 annual report was submitted to the Agency on time within this extension. There have been no concerns in regards to adherence to the budget. Minimal line item budget shifts were made, adhering to the allowable 10% per year outlined in the contract.
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to the service to which PCAI was a party	None
Contact information for Client Project Manager	Lisa Bender, Child Abuse Prevention Program Manager; Iowa Department of Human Services, 1305 E. Walnut NE, 5 th Floor, Des Moines, IA 50319; 515-281-8787; lbender@dhs.state.ia.us

Description of Provision of Similar Services	
Project Title	Prevent Child Abuse and Family Support Conference 2017
Project Role	Primary Contractor
Name of client agency/business	Iowa Department of Public Health
General description of scope of work	The purpose of this contract was to coordinate a three-day child abuse prevention conference with a focus on family support staff.
Start and end dates of original contract	October 1, 2016 through September 20, 2017
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	There were no alternations to the contract timeframe and the contract was not terminated before completion of all obligations under the contract provisions.
Value of contract, including any alterations to the value, including reasons for alteration of value	The total value of the contract at the time it was executed was \$110,750. The contract was amended in June, 2016 to add \$7,000 in Federal funds for additional staffing and conference costs due to increased number of attendees.
Description of timeliness and budget adherence	Services were provided within the projected timeline and within the contracted budget.
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to the service to which PCA Iowa was a party	None
Contact information for Client Project Manager	PJ West, MIECHV Program Manager, Community Health Consultant; Iowa Department of Public Health, 321 E. 12 th Street, Des Moines, IA 50319; 515-229-9976; pj.west@idph.iowa.gov

Description of Provision of Similar Services	
Project Title	Prevent Child Abuse and Family Support Conference 2016
Project Role	Primary Contractor
Name of client agency/business	Iowa Department of Public Health
General description of scope of work	The purpose of this contract was to coordinate a three-day child abuse prevention conference with a focus on family support staff.
Start and end dates of original contract	October 1, 2015 through September 20, 2016
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	There were no alternations to the contract timeframe and the contract was not terminated before completion of all obligations under the contract provisions.
Value of contract, including any alterations to the value, including reasons for alteration of value	The total value of the contract at the time it was executed was \$110,750. There were no alterations to this contracted amount.
Description of timeliness and budget adherence	Services were provided within the projected timeline. Due to increased staff time and cost associated with an increase in attendees, PCA Iowa requested an additional \$7,000 which was granted.
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to the service to which PCA Iowa was a party	None
Contact information for Client Project Manager	PJ West, MIECHV Program Manager, Community Health Consultant; Iowa Department of Public Health, 321 E. 12 th Street, Des Moines, IA 50319; 515-229-9976; pj.west@idph.iowa.gov

Description of Provision of Similar Services	
Project Title	ACEs Web Site and Communication
Project Role	Primary Contractor
Name of client agency/business	United Way of Central Iowa
General description of scope of work	The Communications Director at PCA Iowa maintained and identified resources and information to incorporate into the ACEs 360 website. They participated in ACEs 360 steering committee meetings and developed communications materials in conjunction with the communications subcommittee as well as sector-related communications material.
Start and end dates of original contract	July 1, 2016 through June 30, 2017
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	It was mutually agreed upon by United Way of Central Iowa and the contractor to end the contract November 30, 2016 when the primary staff person performing the work of this contract left PCA Iowa.
Value of contract, including any alterations to the value, including reasons for alteration of value	\$9,100; final payout was \$3,791.67 when the contract was terminated due to the primary staff person performing the work leaving PCA Iowa.
Description of timeliness and budget adherence	Services were performed timely and within budget. The contract was terminated early because the Communications Director at PCA Iowa.
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to the service to which PCA Iowa was a party	None
Contact information for Client Project Manager	Sarah Roy, Chief Operating Officer; United Way of Central Iowa, 1111 9 th St. #100, Des Moines, IA 50314; 515-246-6507; sroy@unitedwaydm.org

Description of Provision of Similar Services	
Project Title	Connections Matter
Project Role	Primary Contractor
Name of client agency/business	The Connections Matter project has multiple funders including the Mid-Iowa Health Foundation, United Way of Central Iowa, an anonymous donor and many other local foundations, corporations, and county agencies. PCA Iowa is under contract with multiple agencies for the completion of this project. The primary contractor is an anonymous donor.
General description of scope of work	The Connections Matter project provides the framework for Iowa communities to implement policy and practices that support resilience and reduce the negative long-term health outcomes of those affected by childhood trauma. This project focuses on moving this message beyond the human services field into Iowa communities by: 1) evaluating its effectiveness at engaging community members and making course corrections for project success; 2) implementing greater community engagement activities to broaden recognition and interaction with the project; 3) developing new resources and media-ready materials; 4) creating a common language fluent in the science of childhood trauma and the important role resilience plays in mitigating the lifelong negative health outcomes. The work is undertaking Iowa's first statewide sector-specific ACE effort.
Start and end dates of original contract	April 1, 2016 to September 30, 2018
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	There have been no alterations to the contract timeframe.
Value of contract, including any alterations to the value, including reasons for alteration of value	Original project valuation of \$175,000 has been increased due to strategic partnerships with the Iowa Department of Public Health and the Americorps VISTA program as well as additional funding from United Way of Central Iowa and additional support from local businesses. The total project value at this time is \$265,000.
Description timeliness and budget adherence	PCA Iowa has exceeded all of the benchmarks in the Connections Matter project and operates this contract within the outlined budget.
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to service which PCA Iowa was party	None

Contact Info for Client Program Manager	Sarah Roy, Chief Operating Officer; United Way of Central Iowa, 1111 9 th St. #100, Des Moines, IA 50314; 515-246-6507; sroy@unitedwaydm.org
Description of Provision of Similar Services	
Project Title	Paper Tigers Messaging
Project Role	Subcontractor
Name of client agency/business	Prevent Child Abuse America
General description of scope of work	PCA Iowa participated in a project to develop and distribute messaging around Paper Tigers, a film with a strong theme related to the Adverse Childhood Experiences (ACEs) studies. The Communications Director for PCA Iowa reviewed and commented on materials development and arranged several screenings across the state of Iowa.
Start and end dates of original contract	June 22, 2015 through October 20, 2015
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	There were no alterations to the contract timeframe.
Value of contract, including any alterations to the value, including reasons for alteration of value	\$2,500 plus travel expenses
Description of timeliness and budget adherence	The Communications Director for PCA Iowa met all agreed upon terms within the time and budget allowed.
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to the service to which PCA Iowa was a party	None
Contact information for Client Project Manager	James Hmurovich, President and CEO; Prevent Child Abuse America, 228 South Wabash Avenue, 10 th Floor, Chicago, IL 60604; 312-663-3520; no longer President and CEO of PCA America, for current President and CEO please contact Dan Duffy at dduffy@preventchildabuse.org .

Description of Provision of Similar Services	
Project Title	Resilience, The Biology of Stress and the Science of Hope
Project Role	Subcontractor
Name of client agency/business	Prevent Child Abuse America
General description of scope of work	PCA Iowa participated in a project to develop and distribute messaging around Resilience, a film about trailblazers in pediatrics, education, and social welfare using cutting-edge science and field-tested therapies to protect children from the insidious effects of toxic stress. The Communications Director for PCA Iowa was a partner in creating the accompanying discussion guide for the film.
Start and end dates of original contract	August - November, 2016.
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	There were no alterations to the contract timeframe.
Value of contract, including any alterations to the value, including reasons for alteration of value	\$2,500 in travel expenses
Description of timeliness and budget adherence	The Communications Director for PCA Iowa met all agreed upon terms within the time and budget allowed.
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to the service to which PCA Iowa was a party	None
Contact information for Client Project Manager	Dan Duffy, President and CEO; Prevent Child Abuse America, 228 South Wabash Avenue, 10 th Floor, Chicago, IL 60604; 312-663-3520; dduffy@preventchildabuse.org.

Description of Provision of Similar Services	
Project Title	MIECHV Advocacy
Project Role	Subcontractor
Name of client agency/business	Prevent Child Abuse America
General description of scope of work	PCA Iowa partnered with PCA America and the national Home Visiting Coalition to support state advocacy efforts surrounding the Maternal, Infant, and Early Child Home Visiting (MIECHV) program through 1) developing state outreach plans, 2) facilitating coordination of outreach and event planning, 3) participating in advocacy efforts, 4) engaging in communication efforts to cultivate support among key stakeholders and policymakers for MIECHV.
Start and end dates of original contract	August 2016 through March 2017
Describe any alterations to the contract timeframe or any termination other than for reason of completion of all obligations, including explanation of alteration/termination	The contract was extended through September, 2017 to continue successful advocacy efforts.
Value of contract, including any alterations to the value, including reasons for alteration of value	\$6,200 Extended due to positive outcomes and continued need for advocacy of this issue.
Description of timeliness and budget adherence	Services have been performed timely and within budget.
Damages, penalties, disincentives assessed, payments withheld, anything of value traded by Bidder for incident, include details	None
Related Proceedings or adjudicated matters related to the service to which PCA Iowa was a party	None
Contact information for Client Project Manager	Marissa Morabito, Senior Director of Public Policy; Prevent Child Abuse America, 228 South Wabash Avenue, 10 th Floor, Chicago, IL 60604; 312-663-3520; mmorabito@preventchildabuse.org

3.2.5.1.3 List any details of whether the Bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.

Prevent Child Abuse Iowa conducts background checks on all employees prior to hiring. Board members, who are officers of the organization, do not provide services sought in this RFP. No employee of Prevent Child Abuse Iowa has been convicted of a felony or has founded reports of child or dependent adult abuse.

3.2.5.1.4 Letters of reference from three (3) of the Bidder's previous clients knowledgeable of the Bidder's performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and electronic mail address for each reference. It is preferred that letters of reference are provided for services that were procured in a competitive environment. Persons who are currently employed by the Agency are not eligible to be references.

Bob Ritz
Chief Executive Officer
Mercy Health Network
1111 6th Avenue
Des Moines, IA 50314
515-358-8040
BRitz@mercydesmoines.org

Janice Lane
Chief Executive Officer
Children & Families of Iowa
1111 University Avenue
Des Moines, IA 50314
janicel@cfiowa.org
515-288-1981

Brent Siegrist
Executive Director
Iowa Area Education Agencies
P.O. Box 1109
24997 Highway 92
Council Bluffs, IA 51501
Bsiegrist@gwaea.org
402-250-5566



1755 59th Place
West Des Moines, IA 50266

Sponsored by Catholic Health Initiatives—Englewood, CO and Trinity Health—Thonon, AT

August 12, 2017

Suzanne Foss
Human Services Administration
1305 East Walnut Street, 5th Floor
Des Moines, IA 50319

RE: MHD 001

Dear Ms. Fross,

I write on behalf of Prevent Child Abuse Iowa (PCA Iowa) in support of the Iowa Department of Human Services Request for Proposal for the Child Mental Health and Well-being Collaborative(s) to bring a broad cross-section of entities together in a Geographically Defined Area to collaborate and cooperate in their efforts to build and improve the effectiveness of Prevention and Early Intervention Mental Health Services.

As CEO of Mercy Health Network, I have the privilege to serve with all Mercy Health Network markets and our 42 hospitals across Iowa. Our mental health and substance abuse programs are available to help people of all ages and include emergent/urgent assessments, crisis management support, professional consultations, and referrals. Of particular note to the Mental Health and Well-Being Collaborative is the Mercy Pediatric Neurology and Psychiatry Centers which provide neurological and behavioral care for young children, adolescents, and teenagers, and their families. We work hard to maintain a multidisciplinary team of professionals who utilize a patient-focused approach, offering services such as hospitalization and outpatient treatment.

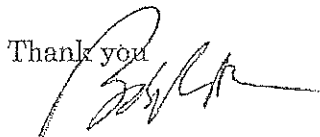
In addition to the critical elements of self and family, we at Mercy recognize the need for partnerships with other community agencies to provide family mental health support including group therapy and counseling.

Prevention and service to families struggling with mental health is a priority for the Mercy Health Network. PCA Iowa has been a community leader in building awareness of the impact of Adverse Childhood Experiences on mental, physical, and financial health among Iowans. Their focus on prevention and the development of resilience through their Connections Matter Campaign® across sectors - including educators, faith leaders, businesses, social workers, and their network of prevention partners - positions them as the ideal organization to lead this collaborative work on mental health and well-being.

In the event that this proposal is funded, the local Mercy Health Network provider within the Defined Geographical Areas will discuss potential collaborative initiatives with PCA Iowa to assess, identify, and implement children's mental health and well-being efforts in the Geographically Defined Area(s). Mercy is committed to supporting coordinated and effective, long term community prevention and early intervention strategies that drive measurable outcomes for children and families.

We look forward to supporting the work around the Children's Mental Health and Well-being Collaboratives for increased supports for children and families. Thank you for your consideration of PCA Iowa as the convener of these collaboratives. There is little doubt their leadership will engage community providers, families, educators, and youth to produce a quality product and meaningful outcomes from the project.

Thank you



Bob Ritz
Chief Executive Officer
Mercy Health Network



children & families of iowa
Restoring hope. Building futures. Changing lives.

1111 University Avenue, Des Moines, IA 50314
Phone: (515) 288-1981 • Fax: (515) 288-9109
www.cfiowa.org

August 17, 2017

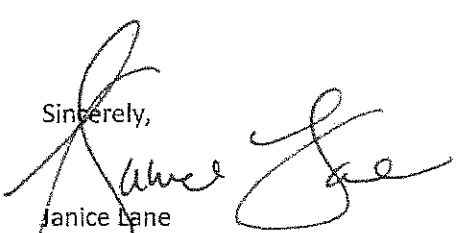
To Whom It May Concern:

Children & Families of Iowa is pleased to support Prevent Child Abuse Iowa (PCAI) in their grant proposal to serve as a children's mental health and well-being convener for the area/region. PCAI is very important to the state of Iowa and works hard to meet the needs of families and the community at large.

PCAI has worked collaboratively with many community groups and taken a leadership role on several community need requests. Within our agency, PCAI has worked collaboratively with the Wapello County Fatherhood Initiative group and the Adverse Childhood Experience pilot. They provide technical assistance and resources to our project and other entities within the area. PCAI assists organizations and/or programs in creating goals and identifying measurable outcomes.

PCAI is proudly leading and inspiring others to create a state, free from child abuse. We are extremely grateful for the opportunity that PCAI is providing within the community and throughout the state of Iowa. They are making a difference.

Sincerely,


Janice Lane
Chief Executive Officer
Children & Families of Iowa
janicef@cfiowa.org



Iowa's Area
Education
Agencies

August 8, 2017

Suzanne Fross
Human Services Administration
1305 East Walnut Street
5th floor
Des Moines, IA 50319

RE: MHDS 001

Dear Ms. Fross,

I write on behalf of Prevent Child Abuse Iowa (PCA Iowa) in support of the Iowa Department of Human Services Request for Proposal for the Child Mental Health and Well-being Collaborative(s) to bring a broad cross-section of entities together in a Geographically Defined Area to collaborate and cooperate in their efforts to build and improve the effectiveness of Prevention and Early Intervention mental health Services.

I am the director of the Iowa Area Education Agencies (AEAs). The AEAs were created in 1974 by the Iowa legislature to ensure equal educational opportunities for all children from birth through age 21. As regional service agencies, AEAs provide special education and school improvement services for students, families, teachers, administrators, and their communities. Our agency works with local educators to develop, enhance, or expand systems of support for, and technical assistance to, schools implementing an evidence-based multi-tiered behavioral framework for improving behavioral outcomes and learning conditions for all students.

For more than forty years, PCA Iowa has proven their ability to bring together communities around the common goal of supporting children and families. Their work around Iowa's Adverse Childhood Experiences data and the strength-based Connections Matter curriculum has positioned them as a valuable partner for AEAs, connecting school districts with community partners to develop trauma sensitive classroom practices. This partnership is driven by the need for multi-tiered mental health support that improves learning outcomes for students.

Through our collaboration, we have found PCA Iowa to be a partner who effectively engages dynamic stakeholder groups centered on a shared mission.

PCA Iowa is flexible to the needs of individual schools and AEAs, and responds accordingly. They have remained responsive to individual districts and broader statewide initiatives providing training and consultation to our AEA leadership team, the Iowa Department of Education, school districts, Early Childhood Iowa early educators, and classroom teachers.

If this proposal is funded, the local AEA within the Defined Geographical Areas proposed in the grant application, will be active participants in the collaborative. This partnership will include forming a genuine partnership to assess, identify and implement children's mental health and well-being efforts in the Geographically Defined Area(s).

We look forward to supporting the work around the Children's Mental Health and Well-being Collaboratives for increased supports for children and families. Thank you for your consideration of PCA Iowa as the convener of these collaboratives. There is little doubt their work will engage community providers, families, educators, and partners to produce a quality product and meaningful long-term outcomes from the project.

Thank you,

Brent Siegrist
Director
Iowa's Area Education Agencies

3.2.5.1.5 Description of experience managing subcontractors, if the Bidder proposes to use subcontractors.

PCA Iowa has extensive experience managing subcontractors, but does not propose to use any subcontractors for this project.

3.2.5.2 Personnel.

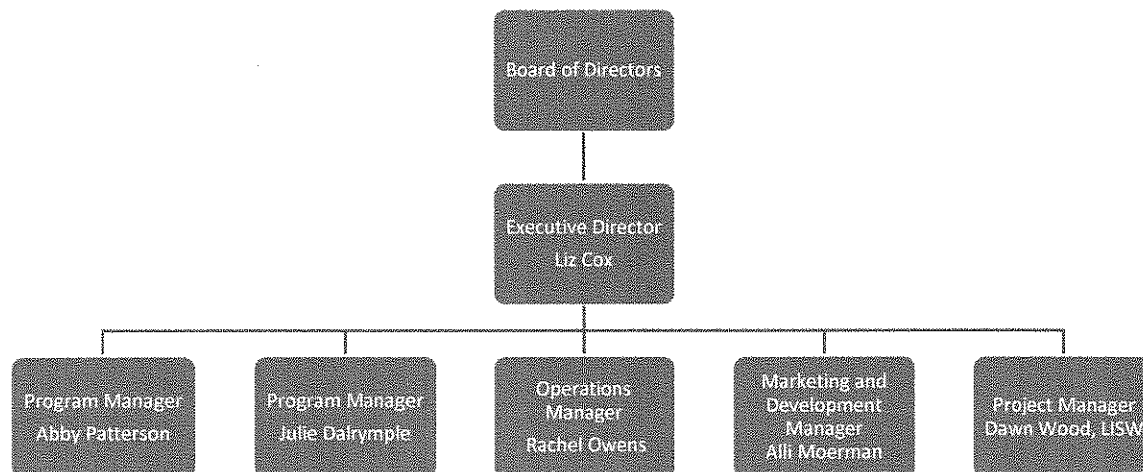
The Bidder shall provide the following information regarding personnel:

3.2.5.2.1 Tables of Organization.

Illustrate the lines of authority in two tables:

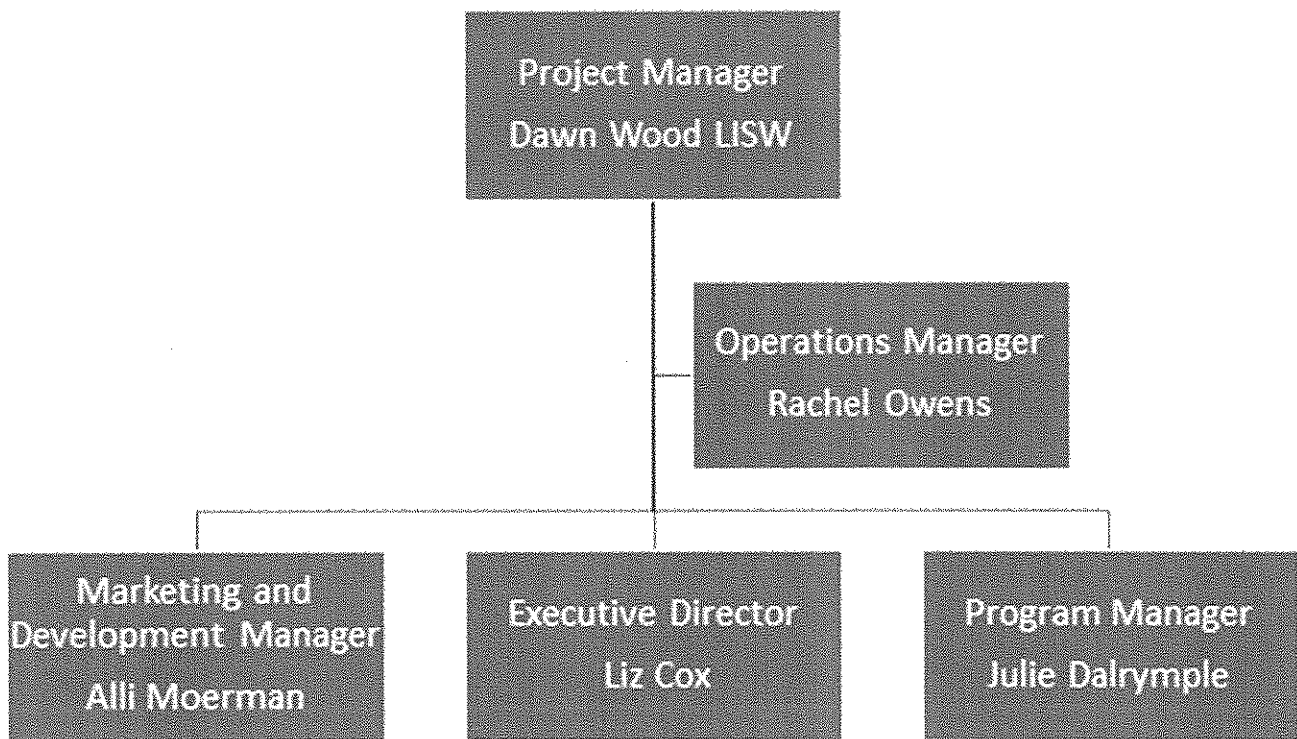
One showing overall operations

Operations Overall Organizational Chart:



One showing staff who will provide services under the RFP

Staff providing services under this RFP are organized as follows:



3.2.5.2.2 Names and Credentials of Key Corporate Personnel.

Include the names and credentials of the owners and executives of your organization and, if applicable, their roles on this project.

There are no owners of PCA Iowa.

PCA Iowa Executive Director is Liz Cox, who has served in this position since May 2016. Throughout the time she has been involved with the agency Cox has provided overall supervision of the ICAPP and CBCAP programs, while also advocating for system change and strengthening and expanding partnerships with other state and local groups.

Cox has also been involved with the Connections Matter project as well as overseeing development of resources for Child Abuse Prevention Month, including a video-based PSA, social media toolkit, posters, and other materials. Prior to her current position, Cox was the Principal at Due North + Associates, a consulting agency specializing in supporting non-profit organizations. She also spent 16 years as a public mediator for the Polk County Attorney's Office Restorative Justice Center, specializing in restorative justice practices including victim/offender mediations, resolving neighborhood disputes, labor negotiations, child welfare mediation, family team meeting facilitation, and truancy mediation in schools. Cox led the start-up of the Iowa Healthiest State Initiative, a non-profit initiative to improve health and well-being across the state, serving as the director of operations.

Cox is an elected member of the West Des Moines Board of Education and a member of the West Des Moines Chamber of Commerce. She has served as an executive board member of the Mid Iowa Council of the Boy Scouts of America and continues to support youth and families in Iowa in service projects through Rotary International, including starting a high-school Rotary service club at Roosevelt High School in Des Moines, and supporting the development of other high school clubs throughout the Iowa Rotary District 6000. Her experience and network has opened doors and provided insight to PCA Iowa into how to better connect and collaborate across sectors.

Cox will continue to supervise Prevent Child Abuse staff and provide leadership supported by her continued involvement on the Iowa Department of Education Learning Supports Advisory Team committee, as a member of the West Des Moines Schools Equity Planning Team, board member of the Network Against Human Trafficking Advisory Council, and Child Abuse Protection Advisory Committee and Child Protection Council Citizen Review Panel. For duties outlined in this proposal, Cox will play an active role participating and guiding the needs assessment and strategic planning components as outlined in 1.3.1.2 subsections A and B. Cox will provide leadership to following best practice standards for collaborative processes. She will also lead PCA Iowa outreach efforts to garner support from key stakeholders. Cox's resume can be found on pages 63-65

Include names of the current board of directors, or names of all partners, as applicable.

Please see following pages 66-67 for updated list of PCA Iowa board of directors as well as their affiliations and contact information.

Include resumes for all key corporate, administrative, and supervisory personnel who will be involved in providing the services sought by this RFP. The resumes shall include: name, education, years of experience, and employment history, particularly as it relates to the scope of services specified herein. Resumes shall not include social security numbers.

Liz Cox

515.360.7473 | 4802 Plumwood Drive | West Des Moines, IA | liz.cox@mac.com

Seventeen years of program development, government relations, fundraising and senior executive experience focused on business development and community betterment in the non-profit sector.

Professional Experience

Executive Director (2% time dedicated to duties in this RFP)

Prevent Child Abuse Iowa: April 2016 – Present

I am responsible for the administrative and operational functions managing an efficient staff that supports 140 child abuse prevention councils across Iowa.

5 references upon request

- Lead staff in developing evidence based programs supporting Iowa families and children.
- Develop and support strategic partnerships across Iowa.
- Lead legislative advocacy efforts supporting Iowa's children and families.
- Recruit, train and support board members.
- Raise and manage funds.

Principal

Due North + Associates: June 2001 – Present

Owner and operator of a consulting agency supporting non-profit organizations in long-term initiatives.

5 references upon request

- Developed and managed programs, systems and processes fulfilling corporate commitments to social responsibility.
- Recruited, trained and coached high performing teams and project managers.
- Work cohesively with boards of directors.
- Led pilot projects for local and national initiatives.
- Worked effectively to engage local and national association directors, legislators, Governor and Lt Governor of Iowa, volunteers, businesses, city and non-profit agencies.
- Secured grants up to six-figures.
- Led fundraising initiatives that cultivated corporate and private donors.

Public Mediator

Polk County Attorney's Office, Restorative Justice Center, 1999 – present

Facilitate and mediate conflict resolution discussions concerning child welfare, truancy, and the victims offender reconciliation program (VORP) as adjudicated through the Polk County Attorney and the Iowa Department of Human Services.

5 references upon request

- Led family team meetings regarding the safety of children (including Child in Need of Assistance petitions) resulting in actions plans focused on the best interest of the child.
- Built consensus and engagement from stakeholders to resolve conflict and repair harm among parties in conflict including school fights, bullying, victims/offenders of crime, co-workers and neighbors.
- Wrote binding agreements and action plans with parents, students and school administrators to resolve truancy violations and restore school attendance for youth.

Operations Director & Interim Executive Director

Iowa Healthiest State Initiative: September 2011 – January 2015

Led the start-up development and management of a statewide not-for-profit initiative to improve health and well-being gaining measurable progress in the Gallup-Healthways Well-Being Index® from 19th position to a top-ten ranking.

7 references upon request

- Using evidence based data, identified key behaviors impacting wellbeing among adult Iowans.
- Developed and implemented platforms and programs addressing key focus areas in businesses and communities across Iowa.
- Worked in partnership with the seven-member board of directors and cultivated eight working committees.
- Developed communication network among Iowa legislators and executive leadership including private meetings with Lt Governor Reynolds, Senate President Pam Jochum, House Leader Mark Smith, and key committee leaders - sharing information pertinent to the success of the HSI.
- Served as spokesperson, conducting radio, TV, and newspaper interviews.
- Developed sustainable relationships, engaging key stakeholders from the business, school, non-profit, government and community sector.
- Developed large-scale advocacy day inclusive of key partners to the HSI mission.
- Recruited, hired and supervised staff and interns. Developed job descriptions and benefits packages.
- Raised and managed funds specific to sponsored initiatives.

Director

West Des Moines Youth Justice Initiative, June 2000 – September 2004

Began a community restorative justice not-for-profit organization that continues to thrive as an effective community program to reintegrate young offenders into the community, support families, and aid victims of crime in the healing process. Success required gaining support from school officials, police and fire chiefs and county attorney, Mayor and city officials.

1 reference upon request

- Adapted evidence-based programming designed to create caring relationships in families and prevent juvenile delinquency.
- Recruited, trained and supervised network of facilitators.
- Managed class registration, materials, staff and site for families and teens enrolled in YJI.
- Surveyed participants and adapted programming based on survey results and achievement of program objectives.
- Secured grant funding through presentations to funders.

Community Leadership

West Des Moines Board of Education – Director	2015 - Present
Governor’s Drug Endangered Children Work Group – Member	2016
Child Abuse Protection Advisory Committee – Member	2016 - Present
Network Against Human Trafficking Advisory Committee – Member	2016 - Present
Child Protection Council – Citizen Review Panel – Member	2016 - Present
MOIsson Mentoring Breakfast Club for Women – Co-founder	2013 – 2016
Rotary International, Des Moines AM, Board Member – K12/Millennial Committee	2013 – 2016
Great Outdoors Foundation, Board Member, VP – Marketing and Public Relations	2013 – Present
West Des Moines Leadership Academy, Recruitment and Selection Committee Member	2012 – 2014
West Des Moines Chamber of Commerce – Member	2011 - Present
Morsel Combat, LLC – Co-founder, Charter Officer	2011 – 2016
Valley Orchestra Guild - Member	2009 – 2016
Girl Scout Leader – Jordan Creek Elementary	2008 – 2010
Boy Scouts of America, Mid Iowa Council, Executive Board VP & Pack Leader	2004 – 2016
Jordan Creek Elementary Parent Faculty Connection	2001 - 2011

Education, Training & Awards

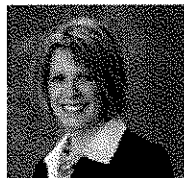
Candidate for Tippie School of Business EMBA, Class of 2017
West Des Moines Leadership Academy, Class of 2012
Wood Badge Leadership Course, Boy Scouts of America, 2010
BSA Outstanding Service Award, 2008
Governor’s Volunteer Award, 2003
Family Group Conferencing Training, 2001
Child Welfare Mediation Training, 1999
Mediation Training, Iowa Mediation Services, West Des Moines, IA, 1999
Jaycee’s Brownfield Award, 1993
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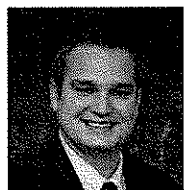
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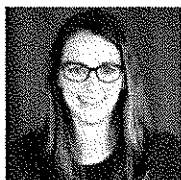


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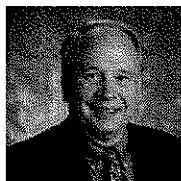
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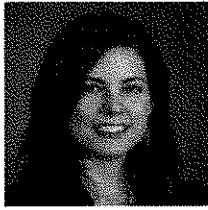


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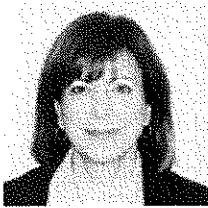
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Updated August 2017

3.2.5.2.3 Information About Project Manager and Key Project Personnel.

Include names and credentials for the project manager and any additional key project personnel who will be involved in providing services sought by this RFP. Include resumes for these personnel. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the scope of services specified herein. Resumes shall also include the percentage of time the person would be specifically dedicated to this project, if the Bidder is selected as the successful Bidder. Resumes should not include social security numbers.

Key Prevent Child Abuse Iowa staff include:

Dawn Wood, LISW

Julie Dalrymple, BA, MPA

Rachel Owens, BS

Credentials and experience are summarized below. Resumes of key Bidder staff are included beginning page 70.

Include the project manager's experience managing subcontractor staff if the Bidder proposes to use subcontractors.

Resumes for key staff have been included in this RFP. The following is a brief explanation of each staff member's role in this project.

Dawn Wood, Project Manager has been offered the lead role for this project, pending award of the contract. Dawn brings to the position over ten years of experience as a licensed social worker. She also has experience working with communities and workgroups, leading many multidisciplinary efforts to support families, Dawn also understands group dynamics, defining roles and teamwork in her role as a board member for the Youth Law Center.

Dawn's experience working as a forensic interviewer in child abuse cases gives her insight into the effects of trauma and types of needs in the community, while her experience as a therapist with Visiting Nurse Services of Iowa has given her incredible insight into the mental health service landscape in the state.

Dawn's knowledge of systems and mental health services make her very well positioned to coordinate these efforts.

Rachel Owens, Operations Manager will support the program by coordinating meetings, processing travel claims, and providing general communication support. Rachel will provide additional support to Wood by attending and assisting lead discussions at introductory meeting(s). Rachel will assist with research needs for Wood, as well as filling in collaborative meetings in the event Wood is not able to attend. Although it is not anticipated Wood will be absent frequently, in order to ensure the groups are able to adhere to a timeline, PCA Iowa believes it prudent to have a back-up plan should an absence/conflict occur.

Julie Dalrymple, Program Manager, will support this project through training and technical assistance. She has been employed with Prevent Child Abuse Iowa since August 2012 leading the Community Based Child Abuse Prevention Program, as well as coordinating various training opportunities, most notably the annual prevention and family support conference attended by approximately 600 individuals annually. In her role, Julie has worked with several community collaborative efforts, including the community based prevention response to Adverse Childhood Experiences project, and the fatherhood mobilization pilot project.

Alli Moerman, Marketing and Development Director will lead efforts to develop and disseminate awareness materials to the public. Alli has over 7 years' experience in marketing and public relations and has developed public awareness campaigns and strategic messaging on the topics of diabetes, maternal health and preventative care. She has also assisted in soliciting public input for various community projects, including park master plans and community wellness efforts.

following are the key personnel and percentage of time each will be involved with this project monthly:

Dawn Wood	33 percent
Rachel Owens	8 percent
Alli Moerman	4 percent
Julie Dalrymple	2 percent
Liz Cox	2 percent

Dawn Wood, LISW

• 208 Morningside Dr Pella, IA 50219 • (515) 250-1867 • dlwood242@gmail.com

PROFESSIONAL LICENSE

IDPH/Professional Licensure Bureau – State of Iowa
License #06825

Licensing: LMSW – 2006
LISW -- 2010

EDUCATION

University of Iowa- Des Moines/Iowa City, IA
Masters of Social Work- 2006
Concentration: Integrative

Central College – Pella, IA
Bachelor of Science Degree (B.A.) 2003
Major: Sociology Minor: Psychology

Dordt College – Sioux Center, IA
Concentration: social work
Transferred to Central College in 2001

CLINICAL EXPERIENCE

Independent Contracted Forensic Interviewer (2015-2017)
Mississippi Valley Child Protection Center

- Conduct forensic interviews of children and adolescents reported as possible victims of neglect, sexual and/or physical abuse or who may have witnessed a crime
- Document statements of children via videotape and written report
- Train and mentor new Forensic Interviewers
- Provide peer review as well as court preparation

Forensic Interviewer (Feb 2010 – 2013):

Regional Child Protection Center (RCPC), Blank Children's Hospital

- Conduct forensic interviews of children and adolescents reported as possible victims of neglect, sexual and/or physical abuse or who may have witnessed a crime
- Document statements of children via videotape and written report
- Member of multi-disciplinary team that includes medical, law enforcement, and social service personnel
- Provide testimony for court proceedings
- Provide educational presentations on child abuse dynamics and the function of the RCPC

Therapist (Jan 2008-2013)

Visiting Nurse Services of Iowa

- Provides clinical outpatient mental health services to children (ages 9-17 years) and young adults
- Presented educational material to promote children's mental health services
- Consultation with Family Peer Support Staff on individual cases as needed

Project Coordinator-Getting It Together/SED Project (Nov 2007-Feb 2010)

Visiting Nurse Services of Iowa

- Provided supervision and case consultation to the project's Parent Support Specialists
- Organized and facilitated three parent support groups and one sibling support group for participants who have a child or sibling with a diagnosed Serious Emotional Disturbance (SED).
- Facilitated wrap-around meetings
- Provided education on community resources and supports to families to promote their child's overall mental health
- Provided Quarterly Reports as well as facilitated quarterly community partner meetings
- Managed the project's budget as well as submitted flex funding requests for participants of the project
- Trained as a Teacher for the Visions for Tomorrow curriculum
- Administered the Child Adolescent Functional Assessment Scale (CAFAS) to children (ages 5-17)

Family Safety Risk Permanency (FSRP) in-home worker (May 2005- July 2008)

Mid-Iowa Family Therapy/Community Outreach Services

- Provided supervised visitation between parents and children who had voluntary and/or court appointed DHS services.
- Provided testimony in court hearings
- Connected families to supports and community resources

Practicum Student (September 2005 – May 2006)

Visiting Nurse Services of Iowa

- Assisted in establishing accreditation for the agency's mental health program
- Focused on leadership and policy development by shadowing the agency's lobbyist and participating in a number of coalitions and initiatives

Milieu Treatment Counselor (May 2003-August 2005)

Orchard Place- PMIC Residential Campus

- Assisted in maintaining the daily schedule of children admitted into the residential campus
- Established and routinely reviewed treatment goals with the children
- Trained to utilize MANDT when necessary in the therapeutic setting

COMMUNITY INVOLVEMENT

- Youth Law Center Board Member 2011-2017
- Fitness Instructor 2014-2017
- High School Youth Leader 2012-2017
- Club Volleyball Coach 2007-2012

rachel owens

2225 Grand Avenue • Apt. 211 • Des Moines, Iowa • 50312

PHONE 319.210.5719 • E-MAIL rachel.e.owens@gmail.com

EDUCATION

Iowa State University

Bachelor of Science in Child, Adult, and Family Services

Graduated Summer 2013

EMPLOYMENT HISTORY

Program Coordinator (70% time dedicated to duties in this RFP) September 2014-Present

Prevent Child Abuse Iowa, Des Moines, Iowa

- ▣ Support management of two major grant programs
- ▣ Manage QuickBooks Online for organizational finances
- ▣ Assist leadership of board development committee
- ▣ Develop communications material with Communications Director
- ▣ Serve as office manager

Administrative Assistant

2013-2014

Boys & Girls Club of Story County, Ames, Iowa

- ▣ Manage organizational finances with outside accountant
- ▣ Maintained confidential material such as donor, personnel, and member files
- ▣ Generated communication material for donors and Board of Directors
- ▣ Prepared for and attend Board of Directors and committee meetings
- ▣ Supervised and delegate tasks to marketing intern

Senior Student Producer

2011-2013

Iowa State University, LAS-Engineering Online Education, Ames, Iowa

- ▣ Supervised staff
- ▣ Taught, guided, and trained new staff in job skills
- ▣ Solved problems administratively and through delegating
- ▣ Operated computers; website & video editing software

Teller

2011-2012

Farmers State Bank, Cedar Rapids, Iowa

- ▣ Updated and managed bank account information
- ▣ Experienced working with a wide variety of customers
- ▣ Collaborated with a team; knowledge of how to utilize coworkers skills
- ▣ Conducted transactions; cashed checks; updated bank accounts

EXPERIENCE

Connections Matter Initiative in Des Moines, Iowa

Fall 2015-Present

- ▣ Sit on steering committee
- ▣ Assist in development of communications and marketing material
- ▣ Lead one pilot site rollout and evaluation

Ohio Guidestone Internship in Columbus, Ohio

Summer 2013

- ▣ Created suicide prevention resource guide
- ▣ Shadowed therapists in the community with clients of diverse backgrounds
- ▣ Participated in supervision with Clinical Social Worker

Global Ministry at Cornerstone Church of Ames, Iowa

Spring 2013

- ▣ Organized and planned documents and spreadsheets
- ▣ Utilized skills in Word, Excel, Google Documents, the Internet
- ▣ Practiced written and verbal communication

JULIE DALRYMPLE

Norwalk, Iowa ♦ C: 515-865-1296 ♦ jrc009@yahoo.com

PROFESSIONAL SUMMARY

Motivated leader with solid experience in relationship building, training and presentation skills.

SKILLS

- Energetic Trainer
- Extremely organized
- Energetic and personable
- Creates accurate and detailed documentation
- Dedicated and hardworking
- Good oral and written communication skills

WORK HISTORY

Community-Based Child Abuse Prevention Director (2% time dedicated to duties in this RFP), 08/2013 to Current
Prevent Child Abuse Iowa – Des Moines, Iowa

- Manage Federal funding stream including all documentation and reporting.
- Provide training and technical assistance to individual contracts and programs.
- Liaison with contracted web-based data collection provider
- Assist individual sites and overall State-wide CBCAP Programs with continuous quality improvement measures.
- Research and implement special projects as they align with the CBCAP Program and the mission of Prevent Child Abuse Iowa.
- Coordinate Annual Conference for 600+ attendees and manage planning committee.

Programs Manager, 03/2011 to 08/2012

National Multiple Sclerosis Society – Des Moines, Ia

- Develop, manage and maintain multiple clubs and groups throughout the state of Iowa.
- Provide training and networking opportunities for group leaders and area coordinators.
- Ensure that group funds are being used in an appropriate and responsible manner.
- Responsible for yearly group evaluation of individual groups and National Multiple Sclerosis Society staff.

Community Services Coordinator, 04/2007 to 03/2011

Arthritis Foundation Iowa Chapter – Des Moines, IA

- Responsible for coordination of various fundraising and program based events for the Iowa Chapter.
- Solicited sponsorship monies, participant recruitment, and event logistics.
- Track and reconcile all expenses and income with booking.
- Maintain positive relationships with volunteer, sponsors, participants and co-workers.
- Creation and maintenance of Juvenile Arthritis Program including support and networking groups.
- Coordination of advocacy efforts for the chapter including communication with Senators and Congressman in relation to the Arthritis Prevention Control and Cure Act.

Special Education Technician, 10/2006 to 03/2007

San Diego Unified School District – San Diego, CA

- Implement daily school activities with children with developmental disabilities.
- Monitor progress and implement lesson plans accordingly.
- Maintain positive attitude with students, co-workers, parents and other providers.

Site Supervisor/Regional Manager, 09/2004 to 09/2006

Harmonium – San Diego, CA

- Develop program scheduling to provide a diverse mix of recreation, enrichment, educational and special activities for participants.
- Supervise, train and direct staff.
- Develop and maintain relationships with families, school personnel, visitors, agency staff and supervisors.
- Develop and on-going parent advisory/support group.
- Responsible for youth record keeping, maintaining supplies, payroll and additional paperwork for the site.

EDUCATION

Masters of Public Administration:2010

Drake University - Des Moines, IA

Bachelor of Arts: 2003

Drake University - Des Moines, IA

ACCOMPLISHMENTS

Certified trainer in the National Alliance of Children's Trust and Prevention Funds Bringing the Protective Factors into your Life curriculum. Participant in the West Des Moines Leadership Academy

Alli Moerman
930 1st St.
Waukee, IA 50263
712.541.0483
amoerman@pcaiowa.org

Creative, solution-oriented marketing and communications professional with nonprofit experience, proven organizational skills and thoughtful attention to detail. Self-motivated multi-tasker, thrives in a fast-paced collaborative environment, and adept at delegating and managing multiple projects and deadlines.

EXPERTISE & SKILLS

- Non-Profit Fundraising, Event Planning & Promotion
- Social Media Engagement
- Writing, Editing & Proofreading
- Graphic Design & Visual Communication
- Adobe Creative Suite
- Salesforce
- Microsoft Office

PROFESSIONAL EXPERIENCE

Prevent Child Abuse Iowa
Marketing & Development Manager
Current

- Implement strategic marketing plan to build organizational awareness, strengthen community relations, and build partnerships.
- Manage print, visual, website, and social media communications for organization
- 3% of FTE will be spent on this project

UnitedHealthcare
Marketing & Community Outreach Specialist
2015 – July 2017

- Act as community ambassador on behalf of UnitedHealthcare Community Plan of Iowa by identifying, cultivating, and sustaining relationships with key community-based stakeholders and advancing opportunities for collaboration and member engagement.
- Work with team to develop strategic marketing and outreach plan aimed at growing membership in IA HealthLink Managed Care Plan.
- Develop, coordinate, and manage marketing and outreach presence at large health fairs and community events.

RDG Planning & Design
Project Coordinator
2010 - 2015

- Facilitated Landscape Architecture studio in designing and coordinating creative multi-channel marketing collateral for project proposals, website, e-newsletters, social media, and special events.
- Worked with 10+ project managers to develop planning project deliverables, including design and layout of design guideline documents, proofreading, and client communications.
- Additional tasks included: Initiated, distributed, and filed contracts, scheduled meetings and maintained meeting minutes, updated project directories, and coordinated project staffing by updating schedules, work complete, and staff assignments on a monthly basis.

VOLUNTEER EXPERIENCE

Beacon of Life
Board Member and Fundraising & Event Committee Chair
2013 - Present

- Assist to maintain Beacon of Life's overall direction, establish priorities, craft strategies, and ensure that plans and programs are implemented.
- Chair of Fundraising & Events committee, working with Executive Director and 10+ volunteers to plan and execute two annual fundraising events to benefit women in transitional housing. Coordinated branding and marketing to support events, raising \$35,000 annually for Beacon of Life programming
- Increased event volunteer engagement by 500% and total amount fundraised by 150% over 5 years.
- Provide assistance in development of marketing materials including e-newsletters, social media graphics, event invitations, and retail store signage.

EDUCATION

Dordt College | Sioux Center, IA
Bachelor of Arts in Communication: Public Relations Emphasis; Minor in Journalism



Iowa's Community-Based Child Abuse Prevention Response to the Adverse Childhood Experiences Study

Prepared for
Prevent Child Abuse Iowa

by
Hornby Zeller Associates, Inc.
373 Broadway
South Portland, ME 04106
www.hornbyzeller.com

AUGUST 2015

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Acknowledgments

Prevent Child Abuse Iowa and Hornby Zeller Associates, Inc. gratefully acknowledge the many individuals and organizations that have supported this project.

First and foremost, we thank the Mid-Iowa Health Foundation, the Principal Financial Group Foundation Inc., and the Iowa Department of Public Health for their ongoing support for local community-based child abuse prevention efforts. An anonymous donor also provided financial support for the evaluation effort and deserves our heartfelt thanks.

We also wish to thank each local Community-Based Child Abuse Prevention Response to ACEs Team for dedicating time and energy to engaging in the work, reviewing and interpreting documents and providing feedback over the life of the project. They have shared freely many valuable insights about their challenges and successes so that others may learn from them.

Dallas County: Debb Franz, Restorative Justice/Juvenile Court Services
Dena Owens, Providence Place
Debra Schrader, Dallas County Children's Advocacy Council/Early
Childhood Iowa

Henry County: Arin Jones, Community Partnerships for Protecting Children

Jones County: Kristine Kilburg, Community Partnerships for Protecting Children
Jean Sullivan, United Church of Monticello
Rachel Williams, Anamosa Community School District

Linn County: RaeAnn Barnhart, Partnership for Safe Families
Barbara Chadwick, Linn County Public Health
Ana Clymer, United Way of East Central Iowa

Pottawattamie County: Christy Hagen, Trailblazers of the Heartland Ministry
Susan Pawloski, Lutheran Family Services of Nebraska, Inc.

Scott County: Angie Kendall, Child Abuse Council
Christine Gradert, Family Resources, Inc.

It is our sincere hope that their contributions will help strengthen the current landscape of child abuse prevention and community empowerment.

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Introduction

In 1998, the Adverse Childhood Experiences (ACE) Study (Felitti et al., 1998)¹ surveyed over 17,000 people and found a strong relationship between exposure to trauma during childhood and many risk factors for health and social problems later in life. For example, people exposed to childhood trauma had a far greater incidence of attempted suicide and excess alcohol consumption; they also had a higher incidence of depression, heart disease, obesity and the use of illicit drugs. The ACEs study findings offer a compelling testament to the effects of abuse, neglect and other adverse experiences that children experience on those same people in later life.

Today, it is estimated that three million children and adolescents in the United States are exposed to serious traumatic events each year (Hamblen et al., 2012; Hamblen, Barnett, & Norris, 2012).^{2,3} Since its original findings, the ACEs study has been used around the nation as a platform to educate and inform a broad range of audiences about the importance of promoting safe and nurturing environments for all children. It is a topic that has effectively influenced families and community providers across sectors by illustrating the cumulative impact of adverse experiences, regardless of perspective. The ACEs study connects health professionals, social service providers, law enforcement and the judicial system and even business owners because there is room for everyone to play a part in either promoting factors that protect children or reducing risks, directly or indirectly. The findings of the ACEs study are convincing and many efforts are underway to act on those findings across a multitude of arenas. Examples are demonstrated by developing evidence-based treatments and best practices to address ACEs, designing trauma-informed services and changing the way that entire service delivery systems operate.

Iowa's Approach

Prevent Child Abuse Iowa (PCA Iowa) is a non-profit organization that uses three types of strategies to prevent child abuse—assistance, advocacy and awareness. In 2013, PCA Iowa launched the Community-Based Child Abuse Prevention Response (CBPR) to ACEs project in an effort to engage communities systematically to support local child abuse prevention efforts using the results of the ACEs study as a unifying motivator. The Community-Based Prevention Response's theory is that if people understand where, along a readiness continuum, a community is in terms of responding to child abuse, and if they possess compelling research tools to illustrate the adverse consequences of childhood abuse and neglect, they will be in a better position to promote actionable prevention messages than if either or both of those conditions were not present.

¹ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258.

² Hamblen, J. L., Barnett, E. R., Hermann, B. A., & Schnurr, P. P. (2012). 28 PTSD Treatment Research: An Overview and Evaluation. *The Oxford Handbook of Traumatic Stress Disorders*, 415.

³ Hamblen, J. L., Barnett, E., & Norris, F. H. (2012). 17 Long-Term Mental Health Treatment for Adult Disaster Survivors. *Behavioral health response to disasters*, 301.

PCA Iowa viewed the CBPR framework as a natural platform for distributing the ACEs study results. With support from Mid-Iowa Health Foundation and the Principal Financial Group Foundation, Inc. PCA Iowa selected six communities, from a field of 19, to disseminate the ACEs message. The first teams were located in Dallas, Henry, Jones, Linn, Pottawattamie and Scott counties. PCA Iowa challenged each participating community to examine closely the base-level knowledge, attitudes and behaviors of its members in an effort to align its ACEs messaging with the subsequent goals and action plans.

PCA Iowa staff prepared these communities to implement a CBPR by thoroughly orienting each group to the framework for social change and the process for carrying out a community readiness assessment, complete with the background materials and theory supporting the process. Staff began by facilitating a series of structured meetings and trainings, helping the six sites to participate firsthand in the community readiness assessment and analysis of results, followed by development of their own unique action plans. PCA Iowa has continued to provide individualized technical assistance to those sites during the past year by requesting status updates, sharing resources, reviewing materials and brainstorming solutions to local challenges as they arise.

With support from the Iowa Department of Public Health, PCA Iowa provided funding and assistance for four more sites in November of 2014. Though the process has changed slightly based on lessons learned from the first group of grantees, the focus continues to be on using the ACEs study findings to increase public awareness and commitment to child abuse prevention.

Purpose of this Report

The purpose of this report is to share findings obtained through a year-long evaluation performed by Hornby Zeller Associates, Inc. (HZA) whose focus primarily was the efforts of the original six sites. The evaluation aimed to learn how ACEs can be used effectively to promote child abuse prevention messaging using the CBPR approach both throughout Iowa and, by inference, to a broader national audience. The evaluation results can assist other communities to mount effective child abuse prevention campaigns using ACEs as a key component of the messaging. The remainder of the report is organized into the following sections:

- **Methodology**, which describes the evaluation questions, what information was collected and how it was analyzed;
- **Description of the Program** (and local sites), to lend greater context to the discussion of results;
- **Findings**, which examine the CBPR process, how ACEs has been disseminated and the preliminary outcomes observed; and
- **Conclusion**, which shares the lessons learned through this innovative initiative.

Methodology

By examining the six initial communities that implemented the CBPR model, the evaluators determined how effective the project was in communicating the prevention messages. Of particular interest was how the findings from the ACEs study were used to advance child abuse prevention and what appeared to be the most useful and credible approaches across the six sites. Specifically, the evaluation questions addressed in this report are below:

- 1) Is ACEs a useful tool in promoting child abuse prevention in the community?
- 2) What audiences are particularly interested in ACEs?
- 3) What messages are most important to each type of audience?
- 4) What methods are particularly effective in motivating various audiences to become involved?
- 5) What networks can be tapped to maximize the dissemination of information?
- 6) Looking across the six to ten agencies, what lessons can be generalized to other communities that will help them motivate a stronger child abuse prevention response?

Data Collection and Analysis

HZA employed the following data collection and analysis methods to answer the evaluation questions.

Review of Documents: HZA reviewed meeting minutes, group presentations and other materials provided to the local CBPR Teams. In addition, HZA staff reviewed the action plans developed for each local site as well as any other documents provided, including handouts, fact sheets, training curricula, presentations, websites and social media.

Training Attendance: HZA staff attended the CBPR training in November 2014, intended to orient the second round of sites to the project. HZA staff spoke with representatives from each new location and learned more about their plans. In addition, HZA observed one day-long "action planning" meeting facilitated by PCA Iowa with one of the newly funded communities to better understand the CBPR process as it related to this project.

Site Visits: Two HZA staff visited five of the six original communities in March 2015 to obtain a better understanding of what had been accomplished, how the readiness assessment was used, what prevention activities were targeted, how the planned activities differed from what actually occurred and why. One community had difficulty arranging the site visit, and a telephone interview was conducted instead.

Community Stakeholder Survey: A survey of stakeholders in the six selected communities was conducted in March and April 2015 to obtain feedback about the prevention efforts. The survey was web-based and the local CBPR Teams invited community stakeholders to participate. The brief survey asked about the respondents' understanding of ACEs, the types of formats used to convey the information, how often they had contact with the local CBPR Teams, the extent to which they believed that ACEs was an effective framework by which to discuss child abuse prevention, and their level of agreement that child abuse prevention

services were needed in their communities. A series of open-ended questions solicited feedback about which messages resonated and asked for examples of how the information has potentially changed their own work or that of their organization. The complete survey can be found in the Appendix.

In total, 38 individuals provided usable responses to the community survey (two indicated they had not heard of ACEs and were therefore excluded). The respondents represented all six funded communities, with the community response ranging from three surveys to nine. The majority of respondents were female (87%) and the average age was 42.

Analysis

Because of the nature of the CBPR assessment approach, developing a comparable domain score and determining whether a community had “advanced” on that score was not feasible without fully replicating the community readiness assessment process. Instead, HZA reviewed each site’s action plan and determined the degree to which the goals and outcomes were achieved based on our review of the site’s documents and the face to face interviews conducted at each site. In this manner, HZA was able to determine whether any demonstrable progress had been made within each community on the CBPR domain areas they had selected as the target of their respective action plans.

The results of the site visits were also themed by two HZA staff in accordance with the evaluation questions to determine the progress made within each community, what contributed to success and the lessons learned along the way. In addition, the survey results were analyzed using simple descriptive statistics to glean a broader community-based perspective of the effectiveness of ACEs and prevention messaging within the CBPR approach.

By examining the six initial communities who implemented the CBPR model, evaluators determined how effective the project was in communicating prevention messages.

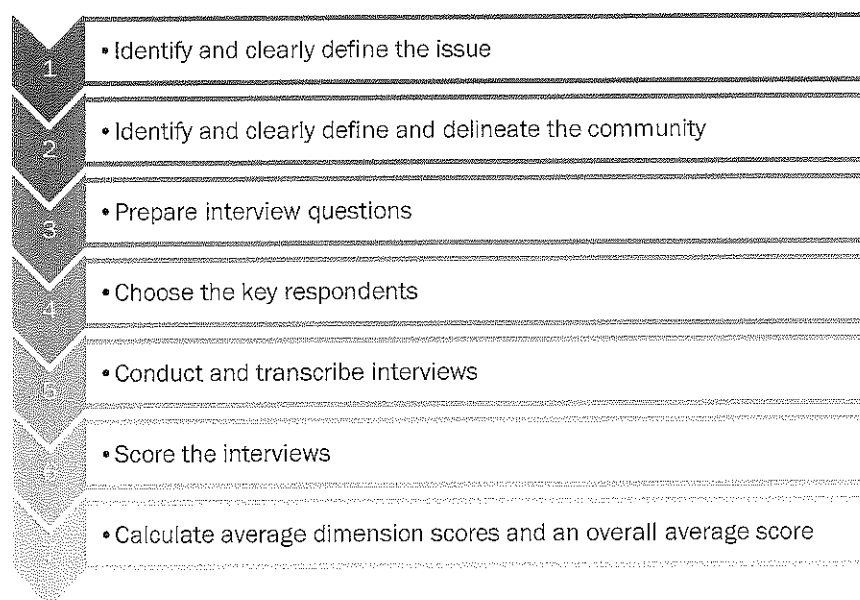
Description of the Program

CBPR Process

PCA Iowa provided each local CBPR Team with an overall framework for developing and implementing the project, as well as tools, training, and technical support. Each team received a local readiness assessment report and developed a response, or action plan, that was appropriate for its community. All six sites were encouraged, in turn, to provide mutual support for each other.

The initial training and technical assistance in late 2013 consisted of a webinar and a day-long training to provide a framework for the readiness assessment process. The workshop was used to share theories of community change, discuss best practices for social messaging and marketing, and review the expectations for conducting the readiness assessment. The community readiness assessment employed a model developed by the Tri-Ethnic Center at Colorado State University to guide prevention efforts at the individual community level. According to the Tri-Ethnic Center, the steps in the Community Readiness Assessment process are as follows.

Figure 1.
Community Readiness Assessment Steps



Following this model, PCA Iowa prepared interview questions and worked with each local CBPR Team to identify four to six respondents in each community to be interviewed.⁴ Each local CBPR Team was then assigned to interview community representatives for another team and the responses were recorded by a third-party service. PCA Iowa analyzed the

⁴ For more information about Iowa's approach and for examples of the actual Community Readiness Assessments completed, go to <http://www.pcaiowa.org/programs/cbpr-to-aces/>

results and provided a community readiness assessment report for each community that showcased the community readiness level in six areas: efforts, knowledge of efforts, leadership, climate, knowledge of the issue and resources. A detailed description of the community readiness assessment concepts and scoring can be found in Appendix A.

In March 2014, PCA Iowa hosted a day-and-a-half-long workshop where it presented the readiness assessment scores and helped the local CBPR Teams process the findings. The session also walked the CBPR Teams through the steps of creating an action plan. PCA Iowa staff subsequently visited each team to help them to complete their action plans and began checking in with project members in September 2014 to see what they had accomplished over the summer. Staff members have continued checking in with the sites regularly over the past year, providing guidance and linking them to resources.

Description of the CBPR Teams

Local CBPR Teams were selected from different geographic and demographic areas in Iowa, with consideration of their range of content area knowledge, background and skills represented in each group. The team members' existing connections to child abuse prevention efforts in their communities, and evidence of broader community support for the project were also considered.

The image here shows the original six counties in Iowa: Dallas, Henry, Jones, Linn, Pottawattamie and Scott. A brief overview of each follows.

Figure 2.
Iowa's Community-Based Child Abuse Prevention Response to ACEs:
Funded Communities, 2013–2104



Dallas County

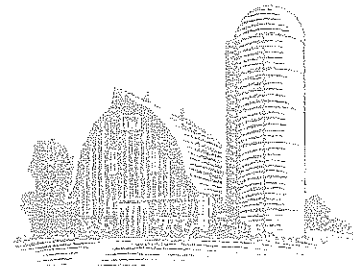
Located in the center of the state, not far from Des Moines, the Dallas County team selected one rural area, Redfield, hoping to work with the city government and eventually the school district, and one urban area, Waukee, the fastest growing city in the nation, targeting the school district as well as a young leaders group. Originally this project had a team of four but lost one representative and is implementing activities under the leadership of three members. These members represent different service sectors (early childhood, juvenile justice and clinical mental health), though all have a mission related to supporting families and preventing abuse. The project now falls under a larger community effort called the Generation Wellness Coalition. The readiness assessment showed fairly low scores across all domains, indicating vague awareness of issues related to prevention. The action plan focused on engaging leaders and raising awareness of prevention resources across the two distinct locations by writing articles, meeting with local leadership and developing an on-line prevention resources toolkit.

Henry County

Henry County is small and rural, home to an older and strongly working-class community. The Mount Pleasant readiness assessment showed the community to be in the stage of vague awareness in climate, indicating a need to educate its members on the benefit of taking a prevention approach versus the current stance of reacting when problems occur. This project has a very small team with few hours available to work on the CBPR efforts, with the most active member coming from the area's Child Abuse Prevention Council. The action plan originally targeted members of the Healthy Henry County Communities (a community-wide coalition), the school district and the local chapter of a human resources professional association. Later in the process, they focused solely on the members of the community coalition and have recently turned efforts towards family practice staff and the local Early Childhood Initiative's Parent Council.

Jones County

A fairly rural community located on the eastern side of Iowa, Anamosa in Jones County is adjacent to another CBPR site (in Linn County). The readiness assessment showed some of the lowest scores in community climate and knowledge of the issue, allowing the team many opportunities to educate both leadership and direct service providers across disciplines since they have had very little exposure to the ACEs study. The team has three members who are very connected to various sectors in the community including: education, law enforcement, medical providers, and faith-based organizations. The Jones County Community Partnerships for Protecting Children (CPPC) has become a solid resource to the various sectors; however, they do not have the time and resources to reach all areas that they would like.



Linn County

The project in Linn County had a unique focus on a specific neighborhood: the Taylor Neighborhood, initially, because members had a personal connection there and they wanted to address the existing hardship following a devastating flood. This area's readiness scores were lowest in community climate and resources, but they also struggled with leadership and knowledge of efforts. Through natural partnerships between the neighborhood school, the United Way and Public Health, the plan involved building community leadership and infrastructure to support local activities rather than targeting community members (e.g., parents) to address the community climate and exposure to the concept of prevention. The Taylor Area Neighborhood Association (TANA), the United Way and the Community Action Network (CAN) are crucial partners in moving the efforts forward, though with a loss of leadership and challenges outside of the project with the TANA, the team has had to revisit the best ways to reach the target audience and develop connections with school personnel.

Pottawattamie County

This project is in Council Bluffs in Pottawattamie County, which is located in the southwest corner of Iowa. As a result, they have the opportunity to connect with the Nebraska-based Boys Town organization (through Lutheran Family Services), yet they also struggle with families moving back and forth between states. The team here is small, working on the prevention project through two specific professional affiliations: the faith-based and social services sectors. The readiness assessment scores for Council Bluffs were relatively high across the domains, with the lowest scores in community climate (vague awareness) and knowledge of the issue (preplanning). Leadership seems to be on board with prevention messaging and activities; however, the community level of engagement needs focus. The plan seeks to educate and empower human service professionals and faith leaders to understand ACEs and work directly within the community to reduce risk factors. This team has worked to shift the perspective so that all members view prevention as their collective responsibility.

Scott County

This project is located in the middle of the Quad Cities area on the Mississippi River between Iowa and Illinois. The community has the benefit of many existing partners in prevention under the Eastern Iowa–Western Illinois Trauma-Informed Care Consortium and the Child Abuse Prevention Advisory Council of the Child Abuse Council, to name just two. The readiness assessment for this area showed lowest scores in community climate and knowledge of issues despite the numerous programs in place under the aforementioned

Consortium. This team acknowledged that there is a difference in perception between what providers and higher-level professionals know about ACEs and prevention and what families and parents know. This project, carried out by three members representing the non-profit, mental health services, early education, and child abuse prevention sectors, has focused on promoting concrete and appealing messages directly to parents through social media and print materials designed with the audience in mind.



Findings

The local CBPR Teams across the six original communities have built upon their existing programs (which include multiple service sectors) not only to promote awareness of ACEs, but also to use the information learned from the formal Community Readiness Assessment. For example, the teams designed activities, events, presentations and ad campaigns to shift the way communities think about child abuse and neglect. Based on the evaluation results, these messages have been well-received by all six communities and CBPR Teams have been successful in adapting the original materials made available to them by groups such as PCA Iowa and the Central Iowa 360 Steering Committee so that the messages are suitable for the anticipated audiences.

CBPR Process

The original six CBPR Teams reported at length about the CBPR process, describing from their perspectives what was helpful, informative and what could be changed in the future. Despite suggesting some ways to improve the process, the participants in CBPR projects overwhelmingly agreed that the framework and technical assistance were invaluable factors in their local successes. Below is a summary of the teams' feedback.

Training and Support

As previously described, PCA Iowa provided every CBPR Team with extensive technical assistance that took the form of in-person training (both in large group settings and on-site), templates, action planning and regular telephone calls. This support continued into the second year, once the action plans were developed, and PCA Iowa helped connect local teams to resources and materials and brainstormed solutions to local challenges. Indeed, CBPR Team members felt supported by the PCA Iowa staff and were appreciative for the thorough review and careful consideration of each step in the CBPR component of the project.

However, some teams talked about how the training was much more extensive and time consuming than they had initially expected. While they acknowledged that a thorough introduction was necessary, some felt overwhelmed by the breadth of information. Others hoped to have a more concrete work plan by the end of the second workshop. One team suggested providing an example of a work plan and/or a template to use during this session so that teams could leave with some concrete ideas on paper. For the second group, PCA Iowa shortened the training sessions and added more in-person TA to the site-specific action planning meetings.

Community Readiness Assessment

The Community Readiness Assessment reports were very useful to all local CBPR Teams to help them see how far along their targeted community was in terms of awareness and knowledge of child abuse prevention. The results can be seen in Table 1, with the average scores shown for each readiness domain (ranging from a score of one, meaning "no

awareness,” to nine, meaning “high community ownership”). A full explanation of the scoring and domains can be found in Appendix A.

Table 1.
Community Readiness Assessment Scores

	Dallas	Henry	Jones	Linn	Pott.	Scott
Community Efforts	3.5	7.3	4.5	6.0	7.6	5.6
Community Knowledge of Efforts	3.8	3.3	2.7*	3.1	5.3	3.7
Leadership	3.3*	3.3	2.5	3.1	5.9	4.0
Community Climate	4.1	2.3*	1.8	2.7*	3.5*	2.4
Community Knowledge of Issue	3.8	2.5*	2.2*	3.7*	4.5*	3.4*
Resources Related to the Issue	3.2*	3.8	2.3	2.7	4.7	3.5*

*Targeted by action plan. 1 = no awareness; 9 = high community ownership

The six sites generally believed that the results were accurate and helped the teams determine where best to focus their efforts. Many shared how the report showed them that their community was often lower in terms of understanding ACEs than the teams had thought before the assessment. Others spoke about how having information that was specific to their community was helpful to initiate conversations about the project, particularly when they talked about child abuse prevention outside of the local agencies already dedicated to the issue. Some noted that community members responded well to the concrete definitions and ratings used in the assessment model. They described the final report as being “professional,” “polished,” “extremely useful,” and “very helpful in solidifying what we were thinking about our community’s perceptions of ACEs.” In short, the Community Readiness Assessment process helped ensure that the action plans were feasible and met the community at the appropriate level of readiness.

The process of partnering with another team to complete the required key stakeholder interviews for the needs assessment generated less positive feedback. Participants shared that some teams had greater capacity to conduct the interviews than others, and in some instances, this may have led to inconsistent results. They also reported that the interview participants found the protocol confusing and repetitive because it asked questions about ACEs on one hand and then questions about child abuse prevention on the other; participants perceived this as being asked the same questions twice. In response to this feedback, PCA Iowa changed the process and protocol for the Community Readiness Assessment being implemented with the second group of sites funded this past year by having a third party collect and score the interviews. The interview protocol was also modified to focus exclusively on child abuse prevention instead of ACEs, with the latter reserved for messaging.

Action Plans and Subsequent Changes

Based on the results of the Community Readiness Assessment, each community selected one or two domain areas to address with their action plans, as well as targeted audiences and proposed messages. The plans outlined each action step that the local CBPR Team intended to take to achieve their set goals and measurable objectives. PCA Iowa provided a three-hour technical assistance site visit to each local CBPR Team to help develop the action plans according to the CBPR framework.

After about nine months of implementation, however, every local CBPR Team had adjusted its original action plan. Some sites acknowledged that their initial plans were overly ambitious (that is, too many audiences, communities or activities) and needed to be scaled back. Others faced unexpected circumstances that resulted in changes, such as staff turnover, shifting community conditions and leadership changes. One team lost two members, while another needed to rethink its target audience when an important community collaborator faced its own significant challenges and shifted its priorities away from ACEs messaging. In other instances, the local CBPR Teams realized that their initial plans were simply not feasible once they started to connect with their target audience. For example, one team had to accommodate the logistics of the local school training schedule, which meant extending its original timeline.

By Spring 2015, most of the changes had been smoothed out and all of the local CBPR Teams were able to demonstrate progress towards their goals (discussed later in this report). However, most reported that three to five years was a more realistic timeframe than two in which to get the work done, particularly when trying to find additional resources, staffing or funding to sustain and support the work.

Most CBPR Teams reported that three to five years was a more realistic timeframe than two in which to get the work done, particularly when trying to find additional resources, staffing or funding to sustain and support the work.

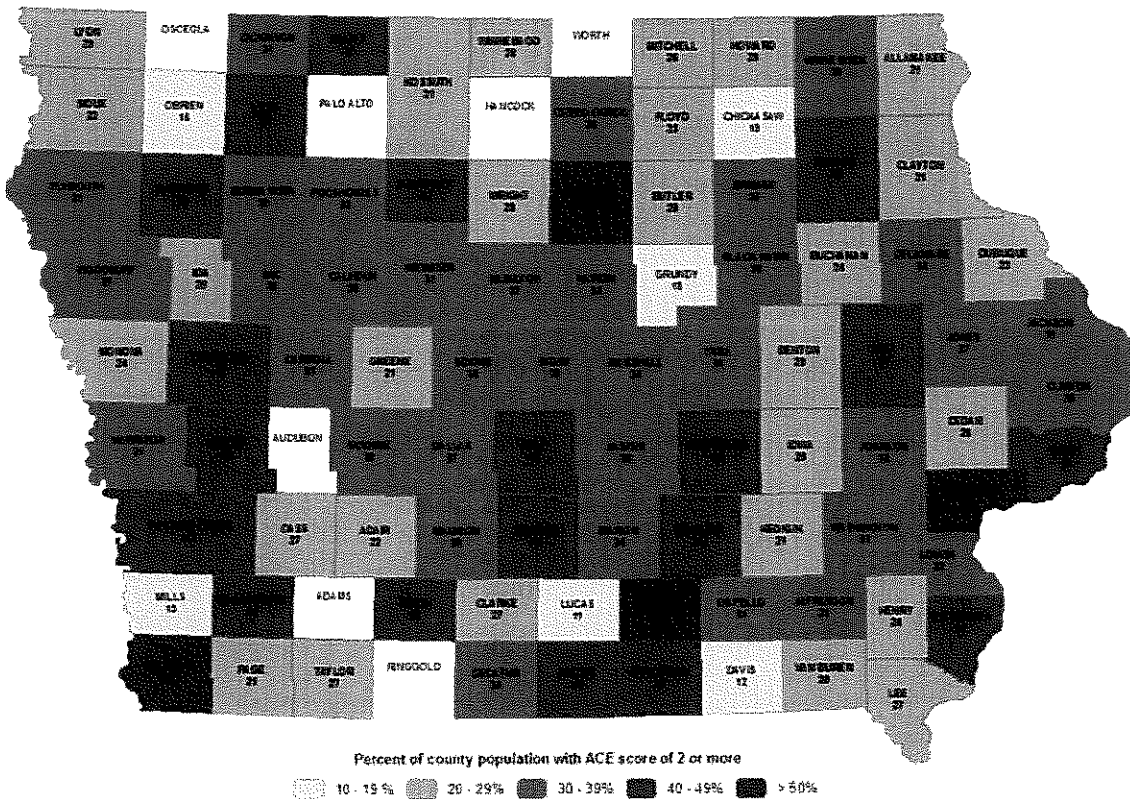
Trial	Control (%)	MCI (%)	AD (%)
1	85	75	65
2	88	78	68
3	90	80	70
4	92	82	72
5	95	85	75

The following section describes who was targeted, how ACEs was used to advance the child abuse prevention message, and what appeared to be the most useful and credible approaches across the six sites.

ACEs and Prevention Messages

Across all the targeted audiences, the local CBPR Teams focused on sharing the core ACEs information and prevention messages. This was a result of the readiness assessments, which generally showed that the communities had little or vague awareness and were in need of basic information. Regardless of the audience, the teams found that simple messages and concrete information were important, as was including data and statistics specific to Iowa and the local community (rather than national data). In particular, local and Iowa-specific data about ACEs (e.g., Central Iowa ACEs Steering Committee study, mapping, and local survey results) was a powerful tool to engage the community.

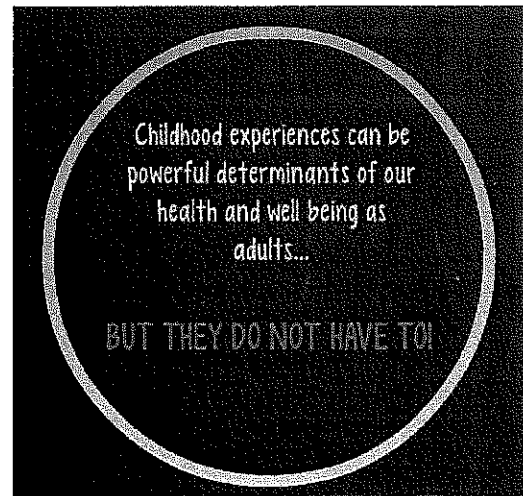
Where do lowans with ACEs live now?



© 2012 ACEs 360 Iowa

Both the local CBPR Teams and the community stakeholder respondents revealed that ACEs broadened the conversation about child abuse in a way that made child abuse an accessible and recognizable topic within the community, not just limited to community organizations

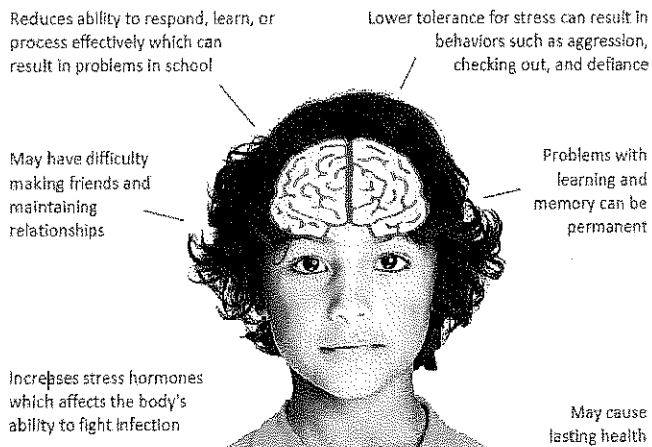
and service providers. Some expressed this as a new realization that child abuse is more prevalent than one might think. Others described how ACEs provided them with a new way to talk about child abuse and neglect, which moved it away from extreme images and negative connotations to a context of family stressors (such as substance abuse, mental health, physical health and financial instability). Another team described how they were reaching out to community civic groups (e.g., local Eagles Club, Rotary) and using ACEs to frame food drives and other community support efforts as ways to support families, reduce stressors and prevent child abuse and neglect. This shift allowed the individuals receiving the information to recognize the potential for child abuse and neglect within their own communities, and to identify solutions and community supports in a socially-acceptable way.



Every local CBPR Team talked about how important it was to include information about resiliency and to leave each group feeling empowered to make a difference in the resiliency of children in their community. Similarly, among community survey respondents, the most prevailing message that “stuck” with them was the negative impact of adverse childhood experiences across the lifespan, and the importance of not only preventing those experiences but also countering their effects. Indeed, multiple local teams and survey respondents referred to the organization promoting the phrase “resilience trumps ACEs” when talking about positive messaging.⁵ As one person noted, “If you only talk about protective factors, they don’t get it. Until you frame it as ACEs. They really go hand-in-hand.”

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.



Distribution Mechanisms

The local CBPR Teams used a variety of contacts and approaches to distribute the ACEs messages. These included handouts with attractive, simple images and few words; social media (including Facebook and blogs); videos; and in-person training or presentations. According to the community stakeholders, the most frequent methods for hearing about the local ACEs work were committee meetings (50%), followed by one-on-one conversations and fact sheets (both 45%), in-person training (39%) and social media (21%). This varied by

⁵ From www.resiliencetrumpsACEs.org © 2015 Children's Resilience Initiative, Teri Barila, Walla Walla WA.

community, however. Each local CBPR Team tapped into a local network that was a unique combination of professional providers, community members and in some cases, youth. No single communication method appeared more effective with any particular group than others. Instead, local CBPR Teams reported the greatest success when they had in-person contact coupled with informational handouts and takeaway materials, tailored to the interests of the target group. All noted that attractive, colorful handouts with simple information had the most impact on their audiences.

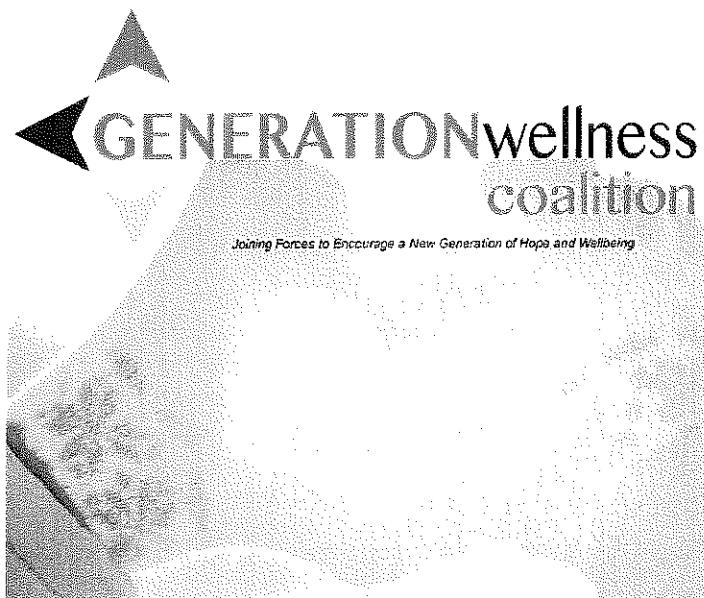
Target Audiences

The six original sites targeted a wide range of local audiences. The most popular group by far was educators (early education, schools and administrators), who were initially targeted in four of the six sites. This was followed by law enforcement professionals and local neighborhood or community groups. The remaining audiences were more unique to one or two communities and included the faith-based community, local leadership/government, young parents and human services professionals.

For most of the sites, the target audiences were selected due to their influence within the community and with the hope that they would open the door to sharing messages with others. A few local CBPR Teams looked at where other efforts related to ACEs or child abuse prevention were already in place in their communities and tried to fill the gaps by selecting a group that was not yet engaged. Indeed, the community survey respondents represented all these sectors in a similar way, including education (42%), non-profit organizations (37%), social service providers (16%), health/medical professionals (13%), youth-serving organizations (11%) and business leaders (11%).

The local CBPR Teams often tailored the focus of the ACEs and prevention messages and supplemental documents to particular target audiences. To modify their messages, some CBPR Teams reached out to one or two members of their target audiences before

presenting to a larger group to explore what themes and concepts might resonate best.



For example, medical providers and educators responded to the concrete information about brain science and child development, and teachers wanted information about creating resilient communities in their classrooms. One local CBPR Team noted that older males seemed to respond positively to the facts and evidence that ACEs provided to the concept of prevention.

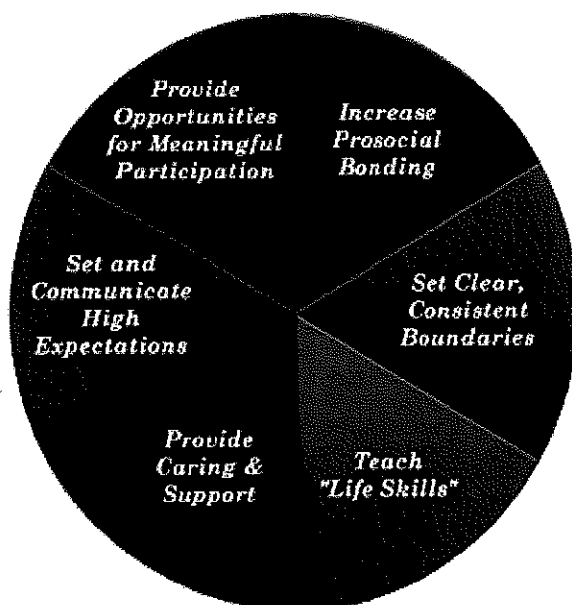
Unlike professionals and service providers, family and community members responded more emotionally by considering the information within the context of their own lives and wanted to know concretely how they could help children and families in their own community build resiliency. One team working closely with parents found that the order in which adverse experiences were presented was important. That is, if the first two items listed were more extreme, parents were likely to disregard the entire list.

As a result, they re-ordered the list of experiences to start with more common issues (see below). Many local CBPR Teams provided examples of resilience-building, such as reaching out to a parent in need or engaging with children and youth in the community.

CHILDHOOD TRAUMA CAN INCLUDE

Loss of a parent to divorce, abandonment or death
Household substance abuse
Caregiver treated violently
Household mental illness
Incarceration of parent
Emotional neglect
Physical neglect
Emotional abuse
Sexual abuse
Physical abuse

The Resiliency Wheel



25 WAYS

You can improve your community and protect kids

GET INVOLVED.

Be an active community member. Connections make all the difference.

SUPPORT PARENTS

Tell a parent how much you admire them.

BE THERE FOR FRIENDS AND FAMILY

Offer to babysit a friend's child for a night.
Ask your neighbor about the local parent network.
Check in on a friend, and ask "How are you doing?"

Get to know your neighbors.

Share a neighborhood watch sign.
Invite a neighbor to a meal.

Eat dinner as a family.

Create family traditions.

Praise and encourage children.

Establish safety rules.
Purchase your child a book on body safety.

Be a mentor.

See a positive role model.
Ask for help.

BE THE BEST PARENT YOU CAN BE.

Ask what appears to be what.

DIAL 911

Report any suspicions of child abuse or neglect.

1.800.4.A.CHILD

TODAY'S HOTLINE
IOWA 1.800.362.2178
ILLINOIS 1.800.252.2873

GIVE

Donate to local child abuse prevention efforts

EASTERN IOWA • WESTERN ILLINOIS
Trauma-Informed Care
CONSORTIUM

A PARTNERSHIP WITH



www.famres.org



www.childabuseqc.org



Initial Impact and Outcomes

Although the longer-term outcomes associated with this project will take more years to manifest in a measurable way, local CBPR Teams and community stakeholders provided preliminary information about the observed impact within their respective communities. These accounts are summarized below. Similarly, the interim steps achieved to date are discussed with the understanding that these accomplishments move Iowa closer toward the goals of positively impacting state-level policy, resources and fiscal support for child abuse prevention. However, a challenge expressed by more than one local CBPR Team was knowing when they had reached the desired outcomes. Some described the entire project's goals as lofty while others felt they were unclear about what change they were really intended to effect. *"What are we moving towards? How do we know we are meeting our goals? What is the outcome?"*

Community-Level Impact

To date there have been positive changes at the community level, beginning with the awareness of how adverse experiences in childhood contribute to poor health outcomes later. This work is ongoing; CBPR Teams have described the need to solicit (or maintain) involvement from those in leadership positions in each sector to continue the momentum. Also, now that general awareness is increasing, some key informants talked about the need to address some of the other domain areas in the readiness assessment model, particularly building more community resources and sharing information about existing efforts.

Over the past few months, teams have been expanding their messages to more audiences, sharing information among various service sectors, and using the ACEs conversation to provide concrete suggestions for how each community member can promote familial and individual protective factors such as resilience and social support. CBPR Teams that involved early childhood and mental health service providers described how these groups experienced affirmation and relief that concepts that were once taboo to discuss are now more common; likewise, these professionals working directly with children and families recognize that this is an effective way of addressing many challenges they see. Some expressed that the information is lingering within their organization and influencing how they view the children and families they serve. One survey respondent wrote, *"Information from the presentation continues to be discussed in our facility."* Other organizational representatives reported making efforts to integrate ACEs education and resiliency into their services and work with clients, and that it is becoming a more natural part of their dialogue and future planning.

The teams talked about how awareness of the impact of ACEs for other sectors is gradually increasing as well. Law enforcement, medical professionals and representatives from the faith communities are examples of providers that have begun absorbing the messages from these efforts, contributing to a community-level change in the way services are delivered. One local CBPR Team shared how a school resource officer changed his response to working with a student: *"[He] is at the table now, and he said 'I wonder what is going at home?' He would not have gone that way one year ago."* Many teams reported that this effort has changed the way providers talk about abuse and has introduced community conversations that once were reserved for private discussion. For example, one person stated, "No one

wants to see child abuse or maltreatment, but we don't always know what to do or step in. Now we have some better tools so that we can prevent abuse and maltreatment from happening." Another saw the potential for linking child abuse prevention to local substance abuse prevention efforts in the future. Multiple community survey respondents shared that they are now sharing the information with others and are supporting parents and children differently.

Table 2 on page 19 summarizes the progress observed within the six local CBPR Teams in the context of the community readiness domains, based on information compiled from telephone calls, site visits, interviews and the community key stakeholder survey. The table shows the community readiness domains targeted by the local action plan, as well as a progress rating that ranges from slight (primarily planning and outreach) to significant (implementation/expansion and evidence of behavior changes). The table shows that most of the efforts focused on the domain of promoting community knowledge of the issue with the second most frequent on community climate. No one focused on community efforts (*i.e.*, efforts, programs and policies) specifically. There was also most progress in increasing community knowledge of ACEs, with two out of five who had significant progress and two others having moderate progress. Only one community worked on the leadership domain and made only slight progress.

Importance of Project Staffing and Resources

Overall, local CBPR Teams found greater success when multiple sectors and organizations were involved in their efforts, rather than having the efforts driven or led by one agency. Project management and follow through were easier when local CBPR Teams had at least three collaborators who met regularly (at least once per month) and represented multiple service sectors (*e.g.*, Community Partnerships for Protecting Children, prevention councils, early childhood providers, mental health services). Teams often slowed down when they lost a team member, particularly when that individual had provided a natural connection to the community upon which the project had relied. Local CBPR teams that had multiple objectives found it the most difficult to regroup after the loss of a team member.

*In addition to those responsible for leading efforts,
a list of natural community partners is emerging,
including but not limited to:*

**Early Childhood Educators
Public Health Services
First Five
United Way
Youth Coalitions
Law Enforcement Leadership
Public School Administration
Local Government Leadership
Service Provider Directors
Faith Leadership
Colleges**

The most successful teams tended to have paid staff designated to work on the CBPR project, either as part of their regular positions, or with significant support from their organizations. Those teams built upon all team members' natural connections with the targeted community and tapped into the existing prevention infrastructure. Also noteworthy, the communities with the most diverse array of distribution methods reported by community stakeholders included local teams that reported having greater staff capacity. Conversely, the local CBPR teams without natural connections or designated staff reported having to find creative ways to justify their time spent on this project during working hours. As one interviewee stated, *"We ended up dropping the other audience...We just didn't have the right connections to get in there."*

Finally, shifting local conditions beyond the control of the CBPR Team impacted some teams' progress, whether it was a new school administration, county politics or the loss of a partner organization. Again, those who were more connected with the target community and had dedicated staff time were able to respond quickly and leverage those resources to overcome the challenges that arose.

State-Level Outcomes

At this point, it is difficult to gauge the longer-term, state-level impacts of this project, specifically, in terms of policy changes, resources or fiscal support for prevention. However, to address the ongoing challenge of identifying one compelling public message about ACEs, PCA Iowa has partnered with three other coalitions—Central Iowa ACEs Steering Committee, Trauma Informed Care Project, and Developing Brain Group—to create a shared and compelling public message about early childhood brain development, trauma, and the community's role in responding.

The result of this collaboration is Iowa's new *Connections Matter* campaign. The goal is to provide organizations and communities with common language, messages and materials to grow the movement so that Iowans receive the same message across multiple sources and venues. The message is broader than just prevention. The website (www.connectionsmatter.org) will provide a toolkit and a train-the-presenter workshop for any advocates wishing to carry this initiative into their communities. The group is working with a known expert, Linda Chamberlain, to develop the curriculum on brain science, relationships and community role in overcoming trauma. The new resources will be used by all four of the new CBPR sites, and will be available to any of the six original sites as well.



Table 2. Community Readiness Assessment: Observed Progress on Target Domains

Domain	Dallas	Henry	Jones	Linn	Pottawattamie	Scott
Community Efforts						
Community Knowledge of Efforts	Significant ↑ Connected with First Five (early detection & referral system) at local pediatric clinic, developed local resource guide.					
Leadership	Slight ↗ One-on-one conversations with leadership (e.g., mayor), planned, structured follow up conversation after Iowa ACEs summit.					
Community Climate	Slight ↗ Evidence of community members sharing information, better understanding of prevention approach.	Slight ↗ Shared information at local Healthy Family Night and on "Parents Like Us" Facebook page, planning local "Taylor Talks."				
Community Knowledge of Issue	Moderate ↑ Presentations to local health coalition, requests for training from other sectors (e.g., local military families, parent council), evidence of community members sharing information.	Significant ↑ Presentations to 50 school personnel (more scheduled) and local coalition with 30 members, progress towards training law enforcement and reaching community groups.	Moderate ↑ Present at community meetings, held key stakeholder focus group, sharing with community and school leadership, training planned.			
Resources Related to the Issue	Moderate ↑ Generation Wellness coalition and website, public service video message, and Resource Toolkit launched August 2015.	Slight ↗ Plans to train faith-based volunteer corps to be better equipped to respond to members & to bring message into neighborhoods.				Significant ↑ "Now What?" parenting blog launched to share resources and information, regularly updated with increasing participation.

After two years, PCA
Iowa's experiment with
using the Community-
Based Child Abuse
Prevention Response as a
way to frame the
dissemination of the
Adverse Childhood
Experiences Study results
has proved successful,
both in terms of
distributing the message
effectively, and in terms of
reframing child abuse
prevention messages into
something more relatable
to the broader community.

Conclusions and Lessons Learned

After two years, PCA Iowa's experiment with using the Community-Based Child Abuse Prevention Response as a way to frame the dissemination of the Adverse Childhood Experiences Study results has proved successful, both in terms of distributing the message effectively, and in terms of reframing child abuse prevention messages into something more relatable to the broader community.

ACEs research appeals to multiple sectors of the community. It provides recognizable examples of adversity (e.g., mental illness, substance abuse, parental separation) which can be related to many personal experiences and areas of professional expertise. In turn, this allows community members to talk more openly and comfortably about different aspects of child abuse prevention. Information about promoting protective factors, such as social support and resiliency, is critical to include when talking about ACEs in the context of prevention; for example, knowing how to provide social support and promote resilience empowers community members to do something about child abuse.

Overall, the local CBPR Teams appear to be advancing their community readiness to address child abuse prevention as a result of the work, albeit more slowly than they originally thought. Many factors in the local context have influenced the success and the speed at which it has occurred. Contributing to success were the levels of community leadership buy-in, the ability to connect with the existing community infrastructure, and the opportunity to involve multiple sectors. Conversely, local CBPR Teams struggled when there were too few staff on the team or limited resources to implement the action plans, when there were significant changes in teams or key stakeholders, or when community providers were overwhelmed by other work.

Next Steps

To keep up the momentum locally, the six original local CBPR Teams should continue presenting information and distributing materials within their respective communities, using their local networks to bring the messages to an ever wider cross-section of the community. They should continue implementing their action plans, making adjustments as necessary to ensure that the plans are feasible and taking into account the lessons learned thus far (see below). The local CBPR sites might also consider what other natural partners and stakeholders they should bring into the work, possibly forming a more formalized leadership group so that the original team members are not the only ones responsible for the work. All the sites, old and new, should utilize the new *Connections Matter* tools when the materials are appropriate for the target audience.

Lessons Learned

Start small and break the work into phases. CBPR Teams who chose multiple action plans shared that this was difficult to do well with limited time and funds. When planning action steps, specific activities and small steps kept teams focused, as did specifying each person's role, concrete task and target timeframe for each team member.

The “lead” agency for the project should be selected strategically. The lead agency represents the project to the community. Some potential audiences may have preconceived ideas about an organization’s mission, purpose or services, especially when youth and families are targeted (e.g., perceptions of United Way versus county public health agency). Moreover, a lead agency that is already active in the community makes it easier to use designated staff time to support the project, rather than asking a team member to add a new responsibilities to an existing workload.

Customize ACEs messages to the audience receiving the information. Here again, it is helpful to have multi-sector representation as those providers will likely have an understanding of the field as well as existing professional connections to develop a network. Consulting with representatives from a particular sector before providing information to that sector helps to a) learn about what will resonate with the audience, and b) tailor information appropriately. Using local data, or at least Iowa-specific data, enhances the message.

Highlight the existing strengths and resources in each community. Include specifics on how to promote protective factors rather than information that is too general or generic. Successful projects incorporated specific actions and what providers and/or families could do to contribute to reducing child abuse and neglect, ranging from getting to know parents in the neighborhood through regular events, to helping a stressed parent by providing child care, to sharing in experiences through a facilitated support group.

Ensure ACEs messages appeal to all families and avoid stereotyping certain families as needing support. When initiating a discussion about the ACEs, be mindful of the order that the experiences are presented. Starting with those that are more common (e.g., loss of parent due to separation, depression, etc.) keeps adverse experiences relatable and presents examples as more common than not. This conscious re-framing of the messages ensures that the audience maintains an open mind to accepting the reality in their own lives, rather than dismissing the events as not relevant, or feeling guarded against sharing information for fear of being labeled or judged.

Use multiple communication strategies and repeated interactions with groups and individuals and ask them to bring the information back to their own networks. In-person contact (including presentations, trainings and one-on-one conversations) were reinforced by subsequent conversations, sharing information using different strategies (e.g., face-to-face, email, blogs and videos) and tangible materials such as rack cards or flyers.

Develop attractive materials with information relevant to the locality. Common ways to share the ACEs information include succinct fact sheets, brief and attractive handouts, presentations designed with the audience in mind, websites, social media and blogs. Materials that work best include infographics such as those shared in this report, accompanied with short, factual statements that simplify the complexities of ACEs. Materials that work effectively are colorful, appealing and easy to pass along to others in the community; having a variety of options available promotes the messages more widely.

Appendix A: Community Readiness Assessment Definitions

Dimensions of Community Readiness

Dimension	Description
Community Efforts	To what extent are there efforts, programs, and policies that address the issue?
Community Knowledge of the Efforts	To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
Leadership	To what extent are appointed leaders and influential community members supportive of the issue?
Community Climate	What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?
Community Knowledge about the Issue	To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?
Resources Related to the Issue	To what extent are local resources—people, time, money, space, etc.—available to support efforts?

Stages of Community Readiness (Scores)

Stage	Description
1. No Awareness	Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).
2. Denial/Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	Enough information is available to justify efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation/Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.

Appendix B: Data Collection Instruments

Iowa Community-based Prevention Response to ACEs Site Visit Protocol March 30–April 2, 2014

5 min	Introductions <i>Review agenda. Note it is flexible and we will check in periodically to see if you want to switch gears or move things around. However, given limited time we will also try to keep us on track.</i>
10 min	Evaluation Recap & Today's Focus <i>Review the evaluation questions and purpose, today's focus, and what we hope to get out of today (our "result.")</i> <u>Community Survey Update</u> <i>Review the community survey, current # of responses, who was invited, other questions.</i>
50 min	Progress and Structured Interview <i>See attached questions; include site-specific details/follow-up.</i>
20 min	Site Specific Materials and Sharing <i>What resources have been developed?</i> <i>Review documents, presentations, messages etc. Tour venues as appropriate. Observe environmental factors, e.g., urban/rural, hub or not, connected to another agency (what sort of agency), etc.</i> <i>How are partners connected?</i>
5 min	Wrap Up & Next Steps

CBPR Team Structured Interview Protocol

When we last spoke, [INSERT SITE SPECIFIC UPDATES]. What has happened since that time? Has your process or plan changed at all? How?

- ☐ Little to no change ☐ Moderate changes ☐ Significant changes

If yes, why do you think that is?

What has been the impact of those changes?

- ☐ Little impact ☐ Moderate impact ☐ Significant impact
☐ Generally negative ☐ Neutral ☐ Generally positive

Who are your target audiences? What messages have really resonated with them?

- | | |
|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Civic Organization | <input type="checkbox"/> Media |
| <input type="checkbox"/> Education | <input type="checkbox"/> Not-For-Profit |
| <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> Social Services-related |
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Youth Serving Organization |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other, please describe: |

What methods of communication have worked **best**? In your experience are some methods more effective with certain groups (e.g., conversations with police)?

- ☐ Fact sheet/informational handout
☐ In-person training
☐ Committee meeting
☐ Webinar training
☐ Report
☐ One-on-one conversation
☐ Social media
☐ Other, please describe:

Are there gaps in community understanding at this point? What are they and what are your plans for addressing them?

In your opinion, is ACEs an effective way to talk about child abuse prevention? Please explain your answer.

- ☐ Disagree ☐ Somewhat agree ☐ Strongly agree

To what degree do you believe sharing ACEs information has led to meaningful changes in the target community? How about in the future? Please explain your answer and provide examples.

☐ *Little to no change*

☐ *Moderate changes*

☐ *Significant changes*

What aspect(s) of your project do you think can be replicated by others?

Who have been your most important connections that allowed you to move forward with this work? How have they helped?

☐ *Business*

☐ *Civic Organization*

☐ *Education*

☐ *Faith-based Organization*

☐ *Health/Medical*

☐ *Law Enforcement*

☐ *Local Government*

☐ *Media*

☐ *Not-For-Profit*

☐ *Social Services-related*

☐ *Youth Serving Organization*

☐ *Other, please describe:*

Who would you like to see at the table in the future?

☐ *Business*

☐ *Civic Organization*

☐ *Education*

☐ *Faith-based Organization*

☐ *Health/Medical*

☐ *Law Enforcement*

☐ *Local Government*

☐ *Media*

☐ *Not-For-Profit*

☐ *Social Services-related*

☐ *Youth Serving Organization*

☐ *Other, please describe:*

If you had to do this all over again, what would you do differently? The same?

Do you have anything else to add?

Iowa Child Abuse Prevention Response to ACEs Community Survey 2015

The Community-Based Child Abuse Prevention Response to ACEs project seeks to raise awareness of child abuse prevention and the ACEs study in targeted Iowa communities. You were identified as a person who has received information about child abuse prevention and the Adverse Childhood Experiences Study (ACEs) from one of these community-based initiatives. The goal of this survey is to get feedback from those who have had first-hand experience with The Community-Based Child Abuse Prevention Response to ACEs project so that we may improve this work across the state.

1. Before you continue, where have you been exposed to this work?

- | | |
|--|---|
| <input type="checkbox"/> Scott County | <input type="checkbox"/> Jones County |
| <input type="checkbox"/> Dallas County | <input type="checkbox"/> Henry County |
| <input type="checkbox"/> Linn County | <input type="checkbox"/> Pottawattamie County |

You have identified [Insert selection to Q1]. The local efforts for this project are being undertaken by the following individuals and organizations:

[Insert primary contacts and their affiliations based on Q1.]

For the purpose of this survey, consider the activities of these individuals and organizations when the survey refers to the "*prevention response to ACEs project*." We are looking for honest feedback and your participation is voluntary.

2. Do you know about the Adverse Childhood Experience Study (ACEs)?

- ☐ Yes
- ☐ No [If NO, survey is saved and brings up "thank you" page].

3. Did you first hear about ACEs from the *prevention response to ACEs project* in your community?

- ☐ Yes
- ☐ No, I already knew about ACEs
- ☐ No, I did not hear about this study from them
- ☐ Not sure

4. How did you receive information from the *prevention response to ACEs project* about child abuse prevention and/or ACEs?

- ☐ Fact sheet/informational handout
- ☐ In-person training
- ☐ Committee meeting
- ☐ Webinar training
- ☐ Report
- ☐ One-on-one conversation
- ☐ Social media
- ☐ Other, please describe:

5. In the past year, how often did you have contact with the *prevention response to ACEs project* in your community?

- ☐ More than once a week ☐ Weekly ☐ Monthly
☐ Quarterly ☐ Once or twice in the year ☐ No contact this year

6. Looking at the list below, did you participate in any of the activities connected with the *prevention response to ACEs project* in the past year?

	Yes	No	Don't know
a. Participated in a <i>Community Readiness Assessment</i>			
b. Connected through social media (e.g., Facebook)			
c. Received materials from them			
d. Participated in their presentation or a training event			
e. Participated in joint meeting, taskforce, coalition			
g. Shared information with them			
i. Co-sponsored or co-facilitated an activity or event			
j. Sent funds to the project			
k. Volunteered or provided volunteers			
l. Other (explain):			

7. Based on the information received from this project, how likely are you to agree or disagree with the following statements?

	Agree	Somewhat Agree	Somewhat Disagree	Disagree	No Opinion
a. I am more aware of ACEs and their impact as a result of this particular project.					
b. The information has helped me to better understand child abuse prevention.					
c. ACEs prevention efforts are highly visible in my community.					
d. Sharing ACEs information is an effective way to talk about <i>child abuse prevention</i> .					
e. Sharing ACEs information is an effective way to talk about <i>resiliency</i> .					
f. Raising awareness about ACEs and child abuse prevention will lead to meaningful changes in my community.					
g. There is a need for child abuse prevention services in my community.					

8. What information about the ACEs study and child abuse prevention do you remember most from the *prevention response to ACEs project* in your community?
9. What do you, or your organization, do differently as a result of the ACEs and child abuse prevention information that is being shared in your community?

8a. What else do you think *could* be done?

10. In your community, what do you feel are the barriers to collaborating or coordinating to prevent child abuse and neglect?
11. Do you have anything else to add about the *prevention response to ACEs* efforts in your community?

Some questions about you. So that we can better understand the responses provided to this survey, we are collecting some information about you. These questions are entirely voluntary.

12. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other

14. How old are you? _____

15. What best describes your professional role? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Civic Organization | <input type="checkbox"/> Media |
| <input type="checkbox"/> Education | <input type="checkbox"/> Not-For-Profit |
| <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> Social Services-related |
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Youth Serving Organization |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other, please describe: |

Thank you for your participation.
Your feedback will help us thoroughly evaluate the effectiveness of the
Community-Based Prevention Response to ACEs Project.